

Case Number:	CM15-0070536		
Date Assigned:	04/20/2015	Date of Injury:	01/07/2013
Decision Date:	05/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who sustained an industrial injury on 01/07/2013. Diagnoses include lumbar sprain with disc bulging and facet arthropathy at multiple levels, bilateral lumbar facet hypertrophy and arthropathy, more symptomatic on the left at L3-L4, L4-L5, and L5-S1, and rule out lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, facet blocks, lumbar brace, and physical therapy. A physician progress note dated 03/17/2015 documents the injured worker underwent a facet block with two full hours of relief confirming the facets to be one of the main pain generators. The injured worker reports the low back pain going to a level of 8 out of 10 when severe. The lumbar spine has decreased range of motion. Compression test of the lumbar facets of L3-4, L4-5, and L5-S1 elicits 2+ pains on the left and 1+ pain on the right. Facet loading is positive bilaterally more on the left. He has persistent muscle spasms, from L2 to L5. Patrick Fabere's is positive only on the left. Treatment requested is for lumbar percutaneous stereotactic radiofrequency rhizotomy under c-arm fluoroscopy, L3-4, L4-5 medial branches on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar percutaneous storoatactic radiofrequency rhizotomy under c-arm fluoroscopy, L3-4, L4-5 medial branches on the left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this reviewer, physical examination findings suggested facet joint pain which warranted a diagnostic series of injections, including left L3-4 and left L4-5. However, as the previous reviewer suggested, unfortunately the records presented for review showed the worker was monitored by an anesthesiologist, but without clear documentation as to if there was actual anesthesia or medication used which might have confounded the subjective report of pain relief for the 1-2 hours following the procedure. Therefore, it is not clear if the diagnostic injections were significantly positive enough to warrant the radioablation procedure. Until more clarity or an explanation regarding this factor is presented for review, the request for L3-4 and L4-5 left-sided ablation is not medically necessary at this time.