

Case Number:	CM15-0075752		
Date Assigned:	04/24/2015	Date of Injury:	03/10/2008
Decision Date:	05/26/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 70 year old male who sustained an industrial injury on 3/10/2008. His diagnoses, and/or impressions, included: lumbar degenerative disc disease; facet joint disease, facet arthropathy, and osteoarthritis of the spinal facet joint; lumbar spondylosis; lumbar stenosis; lumbar radiculopathy; and chronic pain syndrome. Comorbid conditions includes obesity (BMI 39). Lumbar magnetic resonance imaging study noted multilevel degenerative disc disease and facet arthropathy. His treatments have included lumbar epidural steroid injections (11/14/14) - successful x 1 month; bilateral medial lumbar branch blocks at L3-4 and L4-5 (2/11/15) with 95% pain reduction; chiropractic treatments; weight loss; and medication management. Progress notes of 3/19/2015 reported continual pain in his low back that radiated into his legs and buttocks; this was associated with heaviness in his legs and occasional numbness in his feet. It was reported he occasionally takes pain medication to help, which when he takes it, also helps him sleep. Exam showed paravertebral muscle tenderness, limited lumbar range of motion due to pain and slight decreased strength for left great toe extension (4/5). Gait and sensory exam were normal. The physician's requests for treatments was radiofrequency ablation of bilateral lumbar 3-4 and lumbar 4-5 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint injections; Pain Physician 2005.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-9, 300-1, 309-10, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420> 2) Schofferman J1, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. *Spine (Phila Pa 1976)*. 2004 Nov 1;29(21):2471-3.

Decision rationale: There is fair to good evidence of the effectiveness of therapeutic lumbar facet interventions after a diagnostic lumbar facet joint nerve block shows effective relief of symptoms. This intervention is best performed with a radiofrequency ablation (RFA) medial nerve block (fair to good evidence) or a RFA neurotomy (good evidence). RFA is a diagnostic and/or therapeutic procedure which uses radio waves to generate heat in specifically targeted nerves to temporarily interfere with their ability to transmit pain signals. The procedure is recommended to temporarily reduce chronic pain in the lower back that hasn't been adequately relieved by other means, such as medications or physical therapy. The MTUS does not specifically comment on RFA therapy or medial nerve blocks. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. According to the American Society of Interventional Pain Physicians the evidence for therapeutic RFA is good in managing lumbar facet joint generated pain. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 6 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The crux of the decision to using this treatment in this patient is based on the expected long-term benefit. Evidence-based data suggests this procedure may result in better long-term control of the patient's low back pain based on the patient's initial response to his first medial branch blocks. With improved pain control rehabilitative treatments, such as the physical therapy, will theoretically have a better effect. This patient does have evidence of disease and had a good effect from his initial medial branch blocks so similar, if not better, control of his pain should be expected. The request is medically necessary.

Bilateral L4-L5 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint injections; Pain Physician 2005.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 301, 309-10, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420> 2) Schofferman J1, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. Spine (Phila Pa 1976). 2004 Nov 1;29(21):2471-3.

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