

Case Number:	CM15-0094478		
Date Assigned:	05/20/2015	Date of Injury:	03/09/2010
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 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 51 year old female, who sustained an industrial injury on 3/9/2010. She reported injury after picking up files. The injured worker was diagnosed as having lumbar facet syndrome, lumbar disc disorder, lumbar degenerative disc disease, low back pain, depression, lumbar radiculopathy and hip pain. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 4/14/2015, the injured worker complains of low back pain with pain in the sacro-iliac joint rated 8/10 without medication and 0/10 with medication. She also notes muscle spasms and tingling. Current medications include Percocet and Topamax. The treating physician is requesting Percutaneous Facet Joint Denervation at Lumbar 4-5 and Lumbar 5-Sacral 1 with fluoroscopic needle guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Facet Joint Denervation (site: L4-L5) with fluoroscopic needle guidance Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-low back chapter Page(s): 40.

Decision rationale: According to the guidelines facet denervation is under study but the criteria are: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. A facet denervation is preceded by a diagnostic. Therapeutic medial branch block. Such blocks are only recommended to be performed if there is no evidence of radiculopathy. An EMG performed on 3/5/14 indicated L5-S1 radiculopathy. Evidence of an MBB cannot be found. In addition, the claimant had an ESI with benefit (only performed on those with radicular symptoms). Pain was controlled well with medications. The request for a facet denervation of L4-L5 is not medically necessary.

Percutaneous Facet Joint Denervation (site: L5-S1) with fluoroscopic needle guidance Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back chapter and pg 40.

Decision rationale: According to the guidelines facet denervation is under study but the criteria are: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function.(4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of

additional evidence-based conservative care in addition to facet joint therapy. A facet denervation is preceded by a diagnostic. Therapeutic medial branch block. Such blocks are only recommended to be performed if there is no evidence of radiculopathy. An EMG performed on 3/5/14 indicated L5-S1 radiculopathy. Evidence of an MBB cannot be found. In addition, the claimant had an ESI with benefit (only performed on those with radicular symptoms). Pain was controlled well with medications. The facet denervation of L5-S1 is not medically necessary.