

Case Number:	CM14-0103291		
Date Assigned:	07/30/2014	Date of Injury:	08/16/2011
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male who reported an injury on 07/19/2009. The mechanism of injury was not provided. His diagnoses were listed as lumbar facet joint arthropathy, lumbar degenerative disc disease, lumbar sprain, facet joint hypertrophy at L4-L5 and L5-S1. His past treatment included medication, physical therapy, home exercise program, an epidural block, and a lumbar radiofrequency nerve ablation on 07/26/2012. Previous diagnostic studies included a MRI of the lumbar area. There were no relevant surgeries noted. On 06/16/2014, the injured worker complained of bilateral low back pain, difficulty ambulating due to pain, and increased spasms. He reported his last dose of Norco and methocarbamol was that morning, and he rated his pain 9/10 on a pain scale. Upon physical examination, he was noted to have tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints. There was restricted lumbar range of motion due to pain in all directions. Lumbar facet joint provocative maneuvers were positive. Muscle strength was 5/5 in all limbs. The current medications were listed as Naprosyn and Baclofen as needed. The treatment plan was to pursue a repeat fluoroscopically-guided left L4-L5 and left L5-S1 facet joint radiofrequency nerve ablation, continue medications, and a urine drug screen. The rationale for the request was due to the 90% relief for over 18 months with the previously done procedure. The request for authorization form was signed and submitted on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Left L4-L5 Facet Joint radio frequency nerve ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Medial Branch Blocks.

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

Decision rationale: The decision for fluoroscopically guided left L4-L5 facet joint radio frequency nerve ablation is not medically necessary. The California MTUS ACOEM Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. More specifically, the Official Disability Guidelines state that approval of repeat neurotomies depends on documented improvement in VAS score, with at least 12 weeks of 50% relief, as well as decreased medications and documented improvement in function. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The injured worker was noted to have 90% pain relief for over 18 months after the previous procedure. However, there was no documentation indicating significant functional benefit or reduction of medication use during that time. Additionally, although there was previous physical therapy noted, there needs to be evidence of a current formal plan of additional conservative care in addition to the facet joint therapy. Based on the clinical documentation provided, there are insufficient evidence of increased function and reduction of medication use after his previous Neurotomy, as well as current plan for therapeutic exercise, to support the request at this time. Therefore, Fluoroscopically Guided Left L4-L5 Facet Joint radio frequency nerve ablation is not medically necessary.

Fluoroscopically Guided Left L5-S1 Facet Joint radio frequency nerve ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Medial Branch Blocks.

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

Decision rationale: The request for fluoroscopically guided left L5-S1 facet joint radio frequency nerve ablation is not medically necessary. The California MTUS ACOEM Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. More specifically, the Official Disability Guidelines state that approval of repeat neurotomies depends on documented improvement in VAS score, with at least 12 weeks of 50% relief, as well as decreased medications and documented improvement in function. There should be evidence of a formal

plan of additional evidence-based conservative care in addition to facet joint therapy. The injured worker was noted to have 90% pain relief for over 18 months after the previous procedure. However, there was no documentation indicating significant functional benefit or reduction of medication use during that time. Additionally, although there was previous physical therapy noted, there needs to be evidence of a current formal plan of additional conservative care in addition to the facet joint therapy. Based on the clinical documentation provided, there are insufficient evidence of increased function and reduction of medication use after his previous Neurotomy, as well as current plan for therapeutic exercise, to support the request at this time. Therefore, Fluoroscopically Guided Left L5-S1 Facet Joint radio frequency nerve ablation is not medically necessary.