

Case Number:	CM13-0023095		
Date Assigned:	11/15/2013	Date of Injury:	01/11/2011
Decision Date:	01/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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 patient is a 55 YO, male with a date of injury of 01/11/2011. Patient has diagnoses of thoracic spondylarthrititis, lumbar arthritis and lumbar compression fracture. Patient underwent first bilateral T12, L1 and L2 Medical Branch block on 07/08/2013, which patient states produced 80% relief for 6 hours. A second block was administered on 07/31/2013. According to the 8/15/13 report by [REDACTED], the patient reported 100% relief lasting one day after the second thoracolumbar facet block. Patient states his pain has since returned to baseline. [REDACTED] plan is to proceed with bilateral thoracolumbar radiofrequency ablation T12-L1, L1-L2. MRI dated 05/24/2013 showed mild inferiorforaminal narrowing at L4-5 secondary to diffuse disc bulge and chronic compression fracture superior endplate L1. It is noted that patient has been on chronic opioid medications for the past 2.5 years and is responding well to downward titration of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar RFA (R) T12-L1, L1-L2 on 8/19/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301, Chronic Pain Treatment Guidelines Facet Injections. Decision based on Non-MTUS Citation ODG, Rhizotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Facet injection, RF ablation, cervical and lumbar, Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for use of facet joint radiofrequency neurotomy.

Decision rationale: Patient is status post bilateral T12, L1 and L2 MMB dated 07/08/2013 and 07/31/2013. First block producing 80% relief for 6 hours and the second block providing 100% relief lasting one day. Treater is now requesting left and right RF ablation for lumbar spine at T12-L1, L1-L2. ODG guidelines are used regarding RF ablation, which state it is under study and only conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). ACOEM guidelines pages 300 and 301 state, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG requires specific criteria for use of RFA, including diagnosis of facet joint pain using MBB, no more than two levels to be performed at a time, and evidence of formal plan conservation care. In this case, patient meets the criteria. Recommendation is for approval.

Lumbar RFA (L) T12-L1, L1-L2 on 9/5/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Rhizotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300-301, Chronic Pain Treatment Guidelines Facet injection, RF ablation, cervical and lumbar, Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for use of facet joint radiofrequency neurotomy.

Decision rationale: Patient is status post bilateral T12, L1 and L2 MMB dated 07/08/2013 and 07/31/2013. First block producing 80% relief for 6 hours and the second block providing 100% relief lasting one day. Treater is now requesting left and right RF ablation for lumbar spine at T12-L1, L1-L2. ODG guidelines are used regarding RF ablation, which state it is under study and only conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). ACOEM guidelines pages 300 and 301 state, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG requires specific criteria for use of RFA, including diagnosis of facet joint pain using MBB, no more than two levels to be performed at a time, and evidence of formal plan conservation care. In this case, patient meets the criteria. Recommendation is for approval.