

Case Number:	CM13-0024852		
Date Assigned:	11/20/2013	Date of Injury:	11/01/2005
Decision Date:	01/28/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal medicine and Pulmonary Diseases, 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 48 year old female who reported an injury on 10/01/2007. The mechanism of injury was not submitted. The patient complained of pain to the low back and bilateral wrist. The clinical documentation dated 10/31/2012 stated the patient continued to complain of low back pain that has not responded to therapy, electrostimulation, epidural injections, and medication. The patient's last MRI in 2010 showed mild discogenic changes and facet changes. The documentation also stated the patient's examinations have been consistent for probable facet-mediated pain involving the zygapophysial joints left more than right at the L5 level. The clinical documentation dated 08/15/2013 stated that patient continued to complain of pain to the low back and bilateral wrists. The patient's pain score was 6/10. The patient had been treated with physical therapy, electrostimulation, epidural injections, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection Left L5-S1: 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

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

Decision rationale: The ACOEM Guidelines states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels with documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The clinical documentation submitted for review does not meet the recommended guidelines. Although, the clinical documentation submitted dated 08/15/2013 stated the patient continues to complain of pain at the low back despite being treated with medication, physical therapy, epidural injections and electrostimulation, no clinical documentation was submitted showing recent treatments or recent imaging studies for the patient. The guidelines state failure of treatment must be within the past 4-6 weeks. As such, the request is non-certified.

Radiofrequency ablation (RFA) one level: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the Official Disability Guidelines, radiofrequency ablation (RFA) is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. The clinical documentation submitted for review does not meet the guideline recommendations. The clinical documentation submitted states the patient continues to complain of pain at the low back despite being treated with medication, physical therapy, epidural injections and electrostimulation. Treatment for radiofrequency medial branch neurotomy or rhizotomy requires a diagnosis of facet joint pain using a medial branch block. The clinical documentation submitted for review does not show where the patient has had a medial branch block as the Official Disability Guidelines recommend. As such, the request for radiofrequency ablation (RFA) one level is not medically necessary and appropriate.