

Case Number:	CM13-0028232		
Date Assigned:	06/06/2014	Date of Injury:	02/14/2000
Decision Date:	07/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 65-year-old male who reported an injury on February 14, 2000. The mechanism of injury was not provided in the documentation submitted. Within the clinical note dated December 17, 2013, the injured worker complained of low back pain radiating down the right leg. The injured worker noted his mid and right low back is painful. He rated his pain 7/10 in severity. Upon the physical exam, the provider noted the right patellar reflex was slightly diminished. The injured worker had lumbar paraspinal muscle tenderness. Diagnoses include a lumbar radiculopathy, posterior element pain, low back pain, right sacroiliac joint arthropathy, and myofascial pain. The provider requested one (1) right L3 radiofrequency ablation, one (1) right L4 radiofrequency ablation, and one (1) right L5 radiofrequency ablation. However, a rationale was not provided for review. The request for authorization was submitted and dated September 09, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RIGHT L3 RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Comp, 11th Edition, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radio Frequency Neurotomy.

Decision rationale: The request for one (1) right L3 radiofrequency ablation is not medically necessary. The injured worker complained of low back pain radiating down his right leg. He rated his pain 7/10 in severity. The California MTUS/American College of Occupational and Environmental Medicine notes that 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 this same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. The Guidelines note facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. However, the Official Disability Guidelines note conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. The Guidelines state that treatment requires a diagnosis of facet joint pain using a medial branch block as described. The Guidelines also note that no more than three procedures should be performed in a year's period. The Guidelines note no more than two joint levels are to be performed at one time. Different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks at the most for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to the facet joint therapy. The requesting physician did not include adequate documentation of significant physical exam findings congruent with facetogenic pain. The Guidelines do not recommend radiofrequency ablation for injured workers with findings of radiculopathy. There was a lack of documentation detailing whether the injured worker had a diagnostic block to the facet joints. There is a lack of documented evidence that can be used to measure functional deficits and improvements. Therefore, the request for (1) right L3 radiofrequency ablation is not medically necessary.

ONE (1) RIGHT L5 RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Comp, 11th Edition, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radio Frequency Neurotomy.

Decision rationale: The request for one (1) right L5 radiofrequency ablation is not medically necessary. The injured worker complained of low back pain radiating down the right leg. He rated pain a 7/10 in severity. The California MTUS/American College of Occupational and Environmental Medicine notes that 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 this same procedure in the lumbar spine. 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. However, the Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment, but requires a diagnosis of facet joint pain using a medial branch block. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief that is sustained for 6 months. The Guidelines note no more than two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to the facet joint therapy. The requesting physician did not include adequate documentation of significant physical exam findings congruent with facetogenic pain. The Guidelines do not recommend radiofrequency ablation for injured workers with findings of radiculopathy. There was a lack of documentation detailing whether the injured worker had a diagnostic block to the facet joints. There is a lack of documented evidence that can be used to measure the functional deficits and improvements. Therefore, the request for one (1) right L5 radiofrequency ablation is not medically necessary.

ONE (1) RIGHT L4 RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Comp, 11th Edition, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radio Frequency Neurotomy.

Decision rationale: The request for one (1) right L4 radiofrequency ablation is not medically necessary. The injured worker complained of low back pain radiating down the right leg. He rated pain a 7/10 in severity. The California MTUS/American College of Occupational and Environmental Medicine notes that 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 this same procedure in the lumbar spine. 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. However, the Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment, but requires a diagnosis of facet joint pain using a medial branch block. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief that is sustained for 6 months. The Guidelines note no more than two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to the facet joint therapy. The requesting physician did not include adequate documentation of significant physical exam findings congruent with facetogenic pain. The Guidelines do not recommend radiofrequency ablation for injured workers with findings of radiculopathy. There was a lack of documentation detailing whether the injured worker had a diagnostic block to the facet joints. There is a lack of

documented evidence that can be used to measure the functional deficits and improvements. Therefore, the request for one (1) right L4 radiofrequency ablation is not medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's radiofrequency ablations are not medically necessary, the current request for Fluoroscopic Guidance is also not medically necessary.