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| Case Number: | CM13-0048191 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/10/2011 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 Family Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 33 years old male who injured his low back as a consequence of a fall off a roof on 2-10-2011. He has had low back pain radiating down the left leg. He has had a lumbar epidural steroid injection with moderate success. On 4-3-2013 he had left sided facet joint injections at L3-L4, L4-L5, and L5-S1. Six weeks later he was reporting 80% pain relief during his follow up visit. He has been taking Norco and using a Flector patch for pain. The physical exam reveals tenderness of the lumbar spine, positive facet loading signs bilaterally, normal sensation and reflexes of the lower extremity, and a variably positive/negative straight leg raise sign on the left. The diagnoses include lumbar disc disease with radiculopathy, lumbar facet disease, and lumbar spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR RADIOFREQUENCY ABLATION AT L3, L4, L5, AND S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Radiofrequency ablation/neurotomy is under study. 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). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this 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. Current research: Multiple placebo-controlled trials have been completed on this topic, but these studies all had potential clinical methodological flaws including the use of non-controlled diagnostic blocks and potential discrepancies in technique of lesioning from that which is currently recommended. The Official Disability Guidelines requires successful prior facet joint block/medial nerve block prior. Success is defined as >70% relief for at least 2 hours. No more than 2 levels may have radiofrequency ablation at a time. In this instance, the injured worker has had successful facet joint interventions. Therefore, lumbar radiofrequency ablation at L3-L4 and L5-S1 is medically appropriate and necessary in this instance.