MAXIMUS Federal Services

Case Number:	CM14-0001600		
Date Assigned:	01/22/2014	Date of Injury:	10/29/2012
Decision Date:	06/06/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 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 45 year old male with a reported injury date on 10/29/2012; the mechanism of injury was not provided. The clinical noted dated 01/03/2014 noted that the injured worker had complaints of unspecific back pain that has increases with activity. Objective findings noted tenderness at the base of the right occiput and full range of motion despite pain during left lateral bending and a normal sensory and motor examination. It was noted that the injured worker was taking medication on an as needed basis. The request for authorization asking for facet medical branch radiofrequency ablation/neurotomy with fluoroscopy at the L3-L4, L4-L5, and L5-S1 on the right and L3-L4, L4-L5, and L5-S1 on the left was submitted on 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERVENTIONAL RADIOLOGY FACET MEDIAL BRANCH RADIOFREQUENCY ABLATION/NEUROTOMIES WITH FLUROSCOPY AT L3-4, L4-5, L5-S1 ON THE RIGHT: Upheld

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

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The request for an interventional radiology facet medial branch radiofrequency ablation/neurotomy with fluoroscopy at L3-4, L4-5, and L5-S1 on the right is not medically necessary. It was noted that the injured worker had complaints of unspecific back pain that has increases with activity. Objective findings noted tenderness at the base of the right occiput and full range of motion and a normal motor and sensory examination. It was noted that the injured worker was taking medication on an as needed basis. American College of Occupational and Environmental Medicine Guidelines state 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 neurotomy reportedly produces mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state that facet joint radiofrequency neurotomy is currently under study due to conflicting evidence of the efficacy of the procedure and should be made on a case by case basis if particular criteria are meeting. This include a diagnosis of facet joint pain using a medical branch block (pain relief greater than 70 percent for at least 2 hours), no more than two joint levels can be performed at one time, and there should be a documented formal plan of evidence-based conservative care as an adjunct with this treatment. The request is for more than 2 levels at one time which exceed the recommendations. Additionally, there is a lack of evidence that a documented conservative care plan is in place following the treatment. As such this request is not medically necessary.

INTERVENTIONAL RADIOLOGY FACET MEDIAL BRANCH RADIOFREQUENCY ABLATION/NEUROTOMIES WITH FLUROSCOPY AT L3-4, L4-5, L5-S1 ON THE LEF: Upheld

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

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The request for an interventional radiology facet medial branch radiofrequency ablation/neurotomy with fluoroscopy at L3-L4, L4-L5, and L5-S1 on the left is not medically necessary. It was noted that the injured worker had complaints of unspecific back pain that has increases with activity. Objective findings noted tenderness at the base of the right occiput and full range of motion and a normal motor and sensory examination. It was noted that the injured worker was taking medication on an as needed basis. American College of Occupational and Environmental Medicine Guidelines state 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 neurotomy reportedly produces mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state that facet joint radiofrequency neurotomy is currently under study due to conflicting evidence of the efficacy of the procedure and should be made on a case by case basis if particular criteria are meeting. This include a diagnosis of facet joint pain using a medical branch block (pain relief greater than 70 percent for at least 2 hours), no more than two joint levels can be performed at one time, and there should be a documented formal plan of evidence-based conservative care as an adjunct with this treatment. The request is for more than 2 levels at one time which exceed the recommendations. Additionally, there is a lack of evidence that a documented conservative care plan is in place following the treatment. As such this request is not medically necessary.

PHYSICAL THERAPY EVALUATION AND TREATMENT, FOUR TO SIX WEEK COURSE AFTER PROCEDURES, LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy evaluation and treatment, four to six week course after procedures, lower back is not medically necessary. It was noted that the injured worker had complaints of unspecific back pain that has increases with activity. Objective findings noted tenderness at the base of the right occiput and full range of motion and a normal motor and sensory examination. It was noted that the injured worker was taking medication on an as needed basis. The California MTUS guidelines recommend up to 10 visits of physical therapy for the restoration of flexibility, strength, endurance, function, range of motion, and to alleviate discomfort following surgical treatment. It is unclear based on the available documentation how many actual sessions and what actual modalities are being requested. Additionally, as these requests are for postoperative treatment and the treatment itself is not recommending the request is therefore also not recommended. As such, this request is not medically necessary.