

Case Number:	CM14-0112462		
Date Assigned:	09/16/2014	Date of Injury:	12/03/2003
Decision Date:	10/21/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 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:

This 56-year-old male machine operator/mechanic sustained an industrial injury on 12/3/03 due to repetitive work activities. Past surgical history was positive for a T8/9 fusion and an L5/S1 fusion. The patient was diagnosed with T10-T12 left facet arthropathy, confirmed by diagnostic facet blocks. Radiofrequency ablation of the left T10, T11, and T12 medial branches was performed on 11/4/13. The 2/10/14 treating physician report indicated the patient had 50-60% relief of his symptoms following T10-T12 radiofrequency ablation. Mid-back pain was documented as grade 2-4/10. The 5/5/14 treating physician report indicated that the patient had grade 2-4/10 mid and low back pain. The 6/30/14 treating physician report indicated that the patient had 6 months of relief with radiofrequency ablation performed in November 2013. Complaints of mid to low back pain were noted but were ungraded. Physical exam documented normal gait, palpable tenderness over the lower lumbar facets, decreased left L3 and left S1 dermatomal sensation, symmetrical deep tendon reflexes, and 5/5 lower extremity strength. Straight leg raise was negative bilaterally. Lumbar range of motion was markedly limited in left lateral flexion and moderately limited in all other planes. The treating physician reported that the patient's pain had returned with pain radiating down the left paraspinal region with typical facet pain in extension. Radiofrequency ablation gave significant pain relief and repeat authorization was requested. The 7/10/14 utilization review denied the request for T10-T12 radiofrequency ablation as there was a lack of documentation regarding the percentage of pain relief achieved with the previous ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of the T10 - T12 Levels Between 7/8/14 and 8/22/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-199. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet joint radiofrequency neurotomy

Decision rationale: The California ACOEM Revised Low Back guidelines state that radiofrequency neurotomy, neurotomy, and facet rhizotomy are not recommended for the treatment of any spinal condition. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. Guideline criteria have not been met. There is no documentation of the specific improvement in VAS score, reduction in medication usage, or functional improvement associated with the 11/4/13 radiofrequency ablation. There is no current documentation suggestive of an elevation in pain grades with no palpable tenderness documented over the thoracic facets. There are no clinical exam findings suggestive of facet irritation over the T10-T12 region. Therefore, this request is not medically necessary.