

Case Number:	CM14-0150967		
Date Assigned:	09/19/2014	Date of Injury:	03/15/2012
Decision Date:	12/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of March 15, 2012. A utilization review determination dated August 19, 2014 recommends non-certification of "destroy lumbar/sacral facet joint." Non-certification was recommended due to lack of documentation of 70 percent improvement with previous medial branch blocks. A procedure report dated July 25, 2014 indicates that the patient underwent right-sided radiofrequency ablation at L3, L4, and L5. A progress report dated July 25, 2014 indicates that the patient underwent right L3, L4, and L5 medial branch blocks with 60 percent reduction of pain for 6 hours. Physical examination findings reveal decreased range of motion in the lumbar spine with tenderness to palpation in the para-spinous areas. The treatment plan recommends medication and request authorization for right L3, L4, and L5 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Destroy Lumbar/Sacral Facet Joint: 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 Chronic Pain Treatment Guidelines Low Back 9792.20 Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for "destroy lumbar/sacral facet joint", Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70 percent, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drug (NSAIDs). Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, it appears the patient only achieved 60 percent reduction in pain as a result of the medial branch blocks. Guidelines require at least 70 percent reduction in pain to support proceeding with radiofrequency ablation. Additionally, the current request for "destroy lumbar/sacral facet joint" is very nonspecific, and there is no provision to modify the request. Due to the above issues, the currently requested "destroy lumbar/sacral facet joint" is not medically necessary.