

Case Number:	CM14-0151695		
Date Assigned:	09/19/2014	Date of Injury:	03/13/2013
Decision Date:	10/23/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Pain Management 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:

The injured worker is a 53 year-old female with a date of injury of March 13, 2013. She was diagnosed with (a) bilateral lumbar facet joint pain at L4-L5, L5-S1; (b) lumbar facet joint arthropathy; (c) bilateral cervical facet joint pain at C5-C6 and C7-T1; (d) cervical facet joint arthropathy; (e) chronic low back pain and (f) chronic neck pain. In a progress report dated September 11, 2014 it was indicated that she complained of bilateral neck and lower back pain which was exacerbated by prolonged sitting, standing, lifting, twisting, driving and lying down. On examination of the cervical spine tenderness was noted over the cervical paraspinal muscles overlying the bilateral C5-C6, C6-C7 and C7-T1. Range of motion of the cervical spine was limited in all planes due to pain. Cervical extension was worse than cervical flexion. On examination of the lumbar spine, tenderness was noted over the lumbar paraspinal muscles overlying the bilateral L3-L4, L4-L5 and L5-S1 facet joints. Lumbar discogenic provocative maneuver's, sustained hip flexion was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 facet joint radiofrequency nerve ablation; fluoroscopically- guided single level #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) WEB; 2009

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent regarding specific criteria to radiofrequency ablation to the cervical spine. The California Medical Treatment Utilization Schedule Guidelines and Occupational Medical Practice Guidelines do not adequately address radiofrequency ablation. When referencing the Official Disability Guidelines (ODG), the referenced guideline notes that lumbar facet radiofrequency neurotomy is understudy with conflicting evidence as to the efficacy of this procedure. Specific criteria for use of a lumbar facet radiofrequency neurotomy would include that treatment requires a diagnosis of facet joint pain using a medial branch block in which if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). In this injured worker's case, it was indicated in the operative report dated August 7, 2014 that the medial branch diagnostic block was positive and that she reported 100% improvement of her bilateral low back pain with improved lumbar range of motion 30 minutes after the procedure and it lasted for two hours. Another criterion that was met by this injured worker's condition is that no more than 2 levels would be performed in any setting as the requested level was L4-L5 and L5-S1. Lastly, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy and in this case that would be the request for the 30-days rental of a transcutaneous electrical neuro-stimulation (TENS) unit. With the injured workers condition able to fully meet the require criteria set forth by the guidelines, medical necessity of the requested bilateral L4-L5 facet joint radiofrequency nerve ablation; fluoroscopically guided, single level is established and is therefore medically necessary.

Bilateral L5-S1 facet joint radiofrequency nerve ablation; fluoroscopically- guided, additional level #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) WEB;2009

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent regarding specific criteria to radiofrequency ablation to the cervical spine. The California Medical Treatment Utilization Schedule Guidelines and Occupational Medical Practice Guidelines do not adequately address radiofrequency ablation. When referencing the Official Disability Guidelines (ODG), the referenced guideline notes that lumbar facet radiofrequency neurotomy is understudy with conflicting evidence as to the efficacy of this procedure. Specific criteria for use of a lumbar facet radiofrequency neurotomy would

include that treatment requires a diagnosis of facet joint pain using a medial branch block in which if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). In this injured worker's case, it was indicated in the operative report dated August 7, 2014 that the medial branch diagnostic block was positive and that she reported 100% improvement of her bilateral low back pain with improved lumbar range of motion 30 minutes after the procedure and it lasted for two hours. Another criterion that was met by this injured worker's condition is that no more than 2 levels would be performed in any setting as the requested level was L4-L5 and L5-S1. Lastly, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy and in this case that would be the request for the 30-days rental of a transcutaneous electrical neuro-stimulation (TENS) unit. With the injured workers condition able to fully meet the require criteria set forth by the guidelines, medical necessity of the requested bilateral L5-S1 facet joint radiofrequency nerve ablation; fluoroscopically guided, additional level is established and is therefore medically necessary.

Conscious sedation services by Physician #1:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: As the request for bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation is medically necessary, therefore the medical necessity of this procedure, Conscious sedation services by Physician #1, is also medically necessary.

Conscious sedation procedures by other healthcare providers #1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: As the request for bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation is deemed medically necessary, therefore the request for Conscious Sedation is medically necessary.

TENS Unit home trial 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114.

Decision rationale: This is in accordance to what the California Medical Treatment Utilization Schedule (MTUS) states, although it is not recommended as a primary treatment modality, but a one-month trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case the injured worker could be undergoing bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation and the provision of the transcutaneous electrical neuro-stimulation (TENS) unit would further provide additional pain relief. The request for TENS is medically necessary.