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| Case Number: | CM14-0157882 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 08/22/2004 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 Spine Surgery and is licensed to practice in Illinois. 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 who reported an injury on 08/02/2004, caused by an unspecified mechanism. The injured worker's treatment history included 12 postop physical therapy visits, lumbar diagnostic facet joint medial branch block sixth level, TENS unit, and ankle brace. On 07/31/2014, the injured worker was postoperative of a lumbar facet joint, LBP, lumbar facet joint arthralgia/synovitis. Levels that were blocked were: right L4 facet joint nerve, right L5 facet joint nerve, right S1 facet joint nerve, left L4 facet joint nerve, left L5 facet joint nerve, and left S1 facet joint nerve 6 levels. The diagnostic outcome revealed positive. The injured worker reported 70% improvement of bilateral low back pain with improved lumbar range of motion 30 minutes after the injection procedure which lasted for greater than 2 hours. The injured worker was evaluated on 08/13/2014 and it was documented the injured worker was status post positive fluoroscopically guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block which provided 70% improvement with increased range of motion 30 minutes after the injection and after greater than 2 hours. The injured worker rated her pain at 7/10 on the pain scale. Physical examination of the lumbar spine revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-4, L4-5, L5-S1 facet joints. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers included pelvic rock and sustained hip flexion, sulcus was positive bilaterally. Nerve root tension signs were negative bilaterally. Pressure at the sacral sulcus was positive bilaterally. Muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Clonus signs were absent bilaterally. Muscle strength was unchanged from previous visit. Heel and toe showed decreased imbalance in tandem walking, but were within normal limits. Past diagnoses included bilateral lumbar facet joint pain at L4-5, L5-S1, lumbar facet joint arthropathy, chronic low back pain, right ankle surgery, right

ankle internal derangement, bilateral knee surgery, right knee internal derangement, and left knee internal derangement. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Radiofrequency Nerve Ablation x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web) 2014, Low Back- Facet Joint Radiofrequency

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back. Lumbar & Thoracic Facet Joint radiofrequency neurotomy

Decision rationale: The request for facet joint radiofrequency nerve ablation X2 is not medically necessary. MTUS/ACEOM guidelines state that 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 neurotomies reportedly produce mixed results. The Official Disability Guidelines state that facet joint radiofrequency nerve ablation 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. The criteria for the use of facet joint radio frequency neurotomy; 1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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). No more than 3 procedures should be performed in a year's period. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The request submitted on 08/13/2014 indicated the injured worker had undergone a fluoroscopically guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block which provided 70% improvement with increased range of motion 30 minutes after the injection that lasted greater than 2 hours. Per the guidelines, facet joint radiofrequency nerve ablation can offer relief from the first procedure should be documented for at least 12 weeks at 50% relief; however, the injured worker stated her pain was relieved for greater than 2 hours. Furthermore, the guidelines state that duration of pain to last at least 6 months. As such, the request for facet joint radiofrequency nerve ablation times 2 is not medically necessary.

Fluoroscopically Guided Right Bilateral L4-L5 And Bilateral L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The request for fluoroscopically guided right bilateral L4-L5 and bilateral L5-S1 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that the criteria for fluoroscopically guided injections are as follows; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per the guidelines the duration of pain should last generally 6 months with functional improvement. However, the provider noted on 08/13/2014 the injured worker pain level after receiving the facet joint radiofrequency nerve ablation lasted greater than 2 hours. The request for facet joint radiofrequency nerve ablation times 2 is not medically necessary; therefore, the request for fluoroscopically guided right bilateral L4-5 and bilateral L5-S1 is not medically necessary.