

Case Number:	CM14-0167171		
Date Assigned:	10/14/2014	Date of Injury:	09/20/2010
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational 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 case is a 41 year old male with a date of injury on 9/20/2010. A review of the medical records indicate that the patient has been undergoing treatment for low back pain, chronic pain syndrome, and post Radiofrequency Thermocoagulation Ablation neuralgia. Subjective complaints (7/29/2014, 8/26/2014) include 6-7/10 pain scale and (9/23/2014) depression, and back pain. Objective findings (9/23/2014) include "history and physical examination are otherwise unchanged". Treatment physician states that an electromyography (EMB)/nerve conduction velocity (NCV) shows L5-S1, L4 radiculopathy left greater than right. Treatment has included lyrica, fexmid, Mobic, tramadol, ms contin, Cymbalta, Lidoderm patch, Percocet, hydrotherapy, psychiatry, and Left Radiofrequency Thermocoagulation Ablation (4/28/2014). Records indicate that a right ablation was performed, but the date could not be verified from the records. A utilization review dated 10/8/2014 non-certified a request for Right lumbar Radiofrequency Thermocoagulation Ablation (RFTC) due to lack of specified level of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar Radiofrequency Thermocoagulation Ablation (RFTC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, [https://www.acoempracguides.org/low back](https://www.acoempracguides.org/low%20back); Table 2, Summary of Recommendations Low Back Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: ODG states, "Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).(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 [visual analog scale] 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."Medical records do not indicate the diagnosis of facet joint pain using a medial branch block. Prior neurotomy was performed on the left side in 4/2014 and the treating physician indicates that one was performed on the right side, but no date or procedure note was provided. Importantly, if neurotomy was performed on the right side, no documented relief from the first procedure was provided. The levels of ablation are not specified in the request. As such, the request for Right lumbar Radiofrequency Thermocoagulation Ablation (RFTC) is not medically necessary.