

Case Number:	CM14-0170974		
Date Assigned:	10/23/2014	Date of Injury:	10/23/2007
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 56-year-old female who was injured on 10/23/2007 secondary to a traumatic fall. She was diagnosed with multilevel lumbar facet syndrome. The injured worker had MRI's of the Lumbar, Pelvis, and Cervical spine in 2008. The lumbar spine MRI showed degenerative changes, specifically at L5-S1. A very slight disc bulge was also noted. She has previously also been treated with physical therapy and a TENS unit. She has also had facet joint injections previously at L4/L5 and L5/S1 with 80% relief of pain. This patient has been treated with several successful radiofrequency ablation treatments, the first being in 3/2012 and the most recent being in 02/2014. Her current work status is full duty without restrictions. Her most recent physical exam showed decreased lumbar lordosis, tenderness over the left posterior superior iliac spine, decreased pelvic extension compared to prior exam, and 5/5 strength on dorsiflexion and plantar flexion with subjective weakness on the left side. Facet loading was worse with extension on the left side. A repeat radiofrequency ablation procedure request was denied by a utilization review physician due to lack of information regarding the procedure - specifically lack of information regarding at what levels the radiofrequency ablation procedure will occur. Also, the request was denied due to no recent conservative treatment measures. An independent medical exam has been requested to determine the medical necessity of the disputed service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic) Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 358. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute & Chronic) Facet Joint Radiofrequency Neurotomy

Decision rationale: According to the MTUS guidelines regarding radiofrequency neurotomy/ablation, "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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The MTUS guidelines provided no further guidance regarding this topic. Likewise, the ODG guidelines were referenced. ODG lists criteria for use of facet joint radiofrequency neurotomy. 1. Treatment requires a diagnosis of facet joint pain using a medial nerve block as described above. (This patient has had prior medial nerve blocks and has an established diagnosis of facet joint pain. Criteria met.) 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 > or equal to 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. (This patient's case satisfies this criteria point. She has had her last ablation on 2/25/2014 and received more than 6 months of relief and was 70-80% better. Criteria met.) 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. (This patient's case satisfies all of these criteria.) 4. No more than 2 joint levels are to be performed at one time. (No documentation of how many joint levels are planned for injection in this patient's case therefore, it does not meet criteria at this point.) 5. If different regions require neural blockade, these should be performed at intervals no sooner than one week, and preferably 2 weeks for most blocks. (Criteria point not met as to specifics regarding the requested radiofrequency ablation procedure were provided.) 6. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. (No documentation was provided regarding recent office notes discussing plans for physical therapy, medications, or other conservative measures.) This patient has had prior diagnostic medial branch blocks, and several prior successful ablations. She meets many of the listed criteria for being a good radiofrequency ablation candidate. Unfortunately, as the prior utilization review physician noted there is no documentation in these provided records as to what levels the repeat radiofrequency ablation procedure will be performed. There is documentation that he attempted to call the office staff and find out, but was unable to get an answer. It can only be assumed that the treating physician wishes to repeat the ablation at the same levels to which they were previously performed. He also makes note that the patient had "not had any recent conservative treatment such as PT." The provided records also do not show any recent conservative treatment. Perhaps, this case could be re-examined if the missing documentation is provided. At this time however, this request for radiofrequency ablation must be considered not medically necessary.