

Case Number:	CM14-0040038		
Date Assigned:	06/27/2014	Date of Injury:	10/31/1995
Decision Date:	12/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 31, 1995. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; multiple lumbar spine surgeries; multiple cervical epidural steroid injections, lumbar epidural steroid injections, and cervical radiofrequency ablation procedures; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 20, 2014, the claims administrator failed to approve a request for a cervical radiofrequency ablation procedure and a lumbar facet block versus radiofrequency ablation procedure versus repeat epidural steroid injection. The applicant's attorney subsequently appealed. In a March 13, 2014 progress note, the applicant reported ongoing complaints of low back and neck pain. The applicant had undergone multiple cervicolumbar epidural and facet injections, it was acknowledged. 6/10 multifocal pain complaints were reported. It was stated that imaging of the lumbar spine and/or repeat caudal cervical radiofrequency ablation procedures versus lumbar facet blocks and/or radiofrequency ablation procedures versus epidural steroid injections could also be sought. The applicant was placed off of work, on total temporary disability, from a mental health standpoint via a psychiatry progress note of December 18, 2013. Cymbalta, Abilify, and Ambien were renewed. On October 30, 2013, the applicant was again given refills of Cymbalta, Abilify, and Vistaril. The applicant's depression and pain were both worse. The applicant was again placed off of work, on total temporary disability. The applicant had received a lumbar epidural steroid injection at L5-S1 on August 23, 2013, it was further noted. On September 11, 2013, it was stated that the applicant was using Voltaren, Lyrica, Neurontin, and Mobic through a variety of providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Cervical RFA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odgtwc.com/odgtwc/low_back.htm#Facetjoinradiofrequencyneurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, 174.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections, of which the radiofrequency ablation procedures at issue are a subset, are deemed "not recommended." While ACOEM Chapter 8, page 174 does establish a limited role for radiofrequency neurotomy procedure/radiofrequency ablation in applicants who have had a positive response to earlier cervical facet injections, in this case, however, it is far from clear that the applicant's pain is in fact facetogenic in nature. The fact that the applicant has undergone multiple cervical spine surgeries for presumed cervical radiculopathy, the fact that the applicant has received multiple cervical epidural steroid injections, and the fact that the applicant continues to use various anticonvulsant and adjuvant medications, including Lyrica, implies that cervical radiculopathy as opposed to facetogenic cervical pain may, in fact, be the primary pain generator here. It is further noted that the applicant has had multiple such cervical radiofrequency ablation procedures, in the past and has, furthermore, failed to demonstrate any lasting benefit or functional improvement through the same. The applicant remains off of work, on total temporary disability, and remains dependent on a variety of analgesic and adjuvant medications, including Voltaren, Cymbalta, Lyrica, Neurontin, Mobic, etc. While it is acknowledged that the applicant's failure to return to work may, in part, be a function of the applicant's mental health issues as opposed to the applicant's chronic pain issues alone, nevertheless, the attending provider has failed to establish any lasting benefit or functional improvement as defined in MTUS 9792.20f through the earlier radiofrequency ablation procedures. Therefore, the request for a repeat radiofrequency ablation procedure is not medically necessary.

Lumbar Facet Block versus RFA versus repeat Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation http://www.odgtwc.com/odgtwc/low_back.htm#Facetjoinradiofrequencyneurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309, Chronic Pain Treatment Guidelines Epidural Steroid Injections Topic MTUS 9792.20f Page(s): 46.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, one of the articles at issue, is deemed "not recommended." While ACOEM Chapter 12, page 301 does establish a limited role for facet neurotomy/lumbar radiofrequency ablation procedures in applicants who have had a favorable response to earlier diagnostic medial branch blocks, in this case, it does not appear that the applicant has had a favorable response to earlier facet blocks, earlier medial branch blocks, or earlier lumbar radiofrequency procedures. The applicant remains off of work, on total temporary disability, and remains dependent on a variety of analgesic, adjuvant, and psychotropic medications, including Voltaren, Lyrica, Neurontin, Mobic, Cymbalta, Abilify, and Vistaril, among others. Similarly, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work, on total temporary disability, and appears dependent on a variety of analgesic, adjuvant, and psychotropic medications. While it is acknowledged that the applicant's failure to return to work may, in part, be a function of the applicant's psychiatric issues as opposed to chronic pain issues alone, the applicant's failure to return to work, coupled with the applicant's failure to recount any tangible or material improvements through the multiple prior interventional spine procedures involving the lumbar spine, suggest a lack of functional improvement as defined in MTUS 9792.20f achieved through the earlier procedures. Therefore, the request for repeat lumbar facet block versus radiofrequency ablation procedure versus repeat epidural steroid injection is not medically necessary.