

Case Number:	CM14-0051571		
Date Assigned:	07/07/2014	Date of Injury:	05/13/2013
Decision Date:	10/01/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine & Rehabilitation 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 patient is a 45-year-old male who has submitted a claim for multilevel disc protrusions, L4-5 and L5-S1 facet arthropathy, and low back pain associated with an industrial injury date of 05/13/2013. Medical records from 05/31/2013 to 02/20/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down the posterior and lateral back region . Physical examination revealed tenderness over the lumbar facets, decreased lumbar, and intact sensation, deep tendon reflexes (DTRs), and MMTs of lower extremities. Treatment to date has included L4-5 and L5-S1 facet injections (02/12/2014), physical therapy, and pain medications. Of note, the patient reported significant (unquantified) improvement with facet injections (03/18/2014). Utilization review dated 03/18/2014 denied the request for bilateral L4-5, L5-S1 radiofrequency facet because diagnostic medial branch nerve block was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 radiofrequency ablation facet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.
Decision based on Non-MTUS Citation Official Disability Guidelines

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 Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient had previous L4-5, L5-S1 facet injections (02/12/2014) which provided significant (unquantified) relief. The guidelines require documentation of at least 70% pain relief for 2 hours with medial branch blocks to support facet injections. Moreover, there was no discussion of a formal evidence-based conservative care plan which is required by the guidelines. The patient did not meet the ODG criteria for RFA. Therefore, the request for Left L4-5, L5-S1 radiofrequency ablation facet is not medically necessary.

Right L4-5, L5-S1 radiofrequency ablation facet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 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. In this case, the patient had previous L4-5, L5-S1 facet injections (02/12/2014) which provided significant (unquantified) relief. However, the guidelines require documentation of at least 70% pain relief for 2 hours with medial branch blocks to support facet injections. Moreover, there was no discussion of a formal evidence-based conservative care plan which is required by the guidelines. The patient did not meet the ODG criteria for RFA. Therefore, the request for Right L4-5, L5-S1 radiofrequency ablation facet is not medically necessary.

