

Case Number:	CM14-0061868		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2009
Decision Date:	12/23/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 Ohio. 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 is a male patient with injury date of 07/30/2009 described as being struck by a concrete hose which had exploded secondary to high pressure tearing the workers pants and boot off the left lower leg. He noted immediate complaint of pain and swelling to the affected area. The employer was notified and the worker was referred to occupational medicine with medications and physical therapy. He then was referred to an orthopedist and had surgery 08/17/2010 with postoperative rehabilitation and continued pain. The worker was deemed permanent and stationary 02/09/2011. He also had complaint of depression and noted with psychological evaluation to include behavioral therapy visits. It was recommended that he be started on medication for depression but that had not happened as of July 2014. A request for services of bilateral L4-5, L5-S1 facet block times one and a multidisciplinary evaluation for possible functional restoration program noted denied by Utilization Review on 09/30/2014. He has previously had excellent responses to bilateral fact blocks on 3-25-14 and 5-20-14. There was also a series of lumbar sympathetic blocks. The diagnoses include lumbar spondylosis, left ankle crush injury, reflex sympathetic dystrophy of the left lower extremity, and major depression with anxiety. The physical exam has revealed tenderness to palpation of the lumbar spinous processes, diminished lumbar range of motion, and a positive facet load test. He had diminished sensation to the left lateral calf and anterior thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 Radio Frequency Thermo Coagulation (RFTC) Facet Block (x1):
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Facet joint radiofrequency neurotomy as a procedure for low back pain 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. Current research: Multiple placebo-controlled trials have been completed on this topic, but these studies all had potential clinical methodologic flaws including the use of non-controlled diagnostic blocks and potential discrepancies in technique of lesioning from that which is currently recommended. A recent small RCT found that the percutaneous radiofrequency neurotomy treatment group showed statistically significant improvement not only in back and leg pain but also back and hip movement as well as the sacro-iliac joint test. There was significant improvement in quality of life variables, global perception of improvement, and generalized pain. But RF neurotomy was not a total treatment, and it provided relief for only one component of the patients' pain. Criteria for use of facet joint radiofrequency neurotomy per the Official Disability Guidelines: (1) Treatment requires a diagnosis of facet joint pain using a Medial Branch Block. (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. In this instance, the injured worker did have successful facet joint injections, the plan is for a 2 level radio-frequency neurotomy, and there is a formal plan for additional conservative therapy (Functional restoration program). Therefore, a bilateral L4-5, L5-S1 radio frequency thermo coagulation (RFTC) facet block (x1) is medically necessary.

Multidisciplinary evaluation for possible acceptance for Functional Restoration Program:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), chronic pain programs (functional restoration programs)

Decision rationale: Recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and Gatchel. Inpatient pain rehabilitation programs: These programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. In this instance, the injured worker has clearly failed a lengthy, conservative treatment program. He has been thoroughly assessed physically and psychologically. Physically, he has reached maximum medical improvement. He would appear to be a good candidate for a functional restoration program. Therefore, a multidisciplinary evaluation for possible acceptance for Functional Restoration Program is medically appropriate.