

Case Number:	CM14-0091771		
Date Assigned:	07/25/2014	Date of Injury:	09/19/2010
Decision Date:	09/23/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/17/2014

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 Addiction 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:

The injured worker is a 57-year-old female who stated injury was 9-19-2010. Her diagnoses include lumbar disc disease, lumbar radiculopathy, chronic pain syndrome, hypertension, sacroiliac joint pain, and hypothyroidism. She complains of low back pain and sacroiliac joint pain primarily. She has been treated with oral pain medication, physical therapy, home exercise programs, and cortisone injections to the sacroiliac joint. The sacroiliac joint injections provided substantial relief but the relief was very short-lived. Her physical exam reveals tenderness at the left sacroiliac joint, moderate to severe spasm of the lumbar paraspinal muscles, diminished lumbar range of motion, positive straight leg raise testing bilaterally, diminished sensation of the left lateral foot, and evidence of greater trochanteric bursitis on the right. It was felt by the treating physician and secondarily the qualified medical examiner that a multilevel radiofrequency neurotomy would provide longer-lasting relief for the sacroiliac region pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5, S1, S2, S3 Radiofrequency Ablation under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Low Back Lumbar and Thoracic (Acute and Chronic), Facet joint Injections; Chapter: Hip and Pelvis (Acute and Chronic).

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

Decision rationale: Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. 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. Among the top 5 tests and therapies that are of questionable usefulness in the field of pain medicine, as prepared by the American Society of Anesthesiologists (ASA) and the American Pain Society (APS) is to avoid irreversible interventions for noncancerous pain, such as peripheral chemical neurolytic blocks or peripheral radiofrequency ablation, because such interventions may be costly and carry significant long-term risks of weakness, numbness, or increased pain. 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. (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, a diagnosis of facet joint pain using a medial branch block has not been done. The guidelines do not support treating more than two joint levels at one time and in this case the request is for four joint levels. Therefore, left L5, S1, S2, S3 Radiofrequency Ablation under fluoroscopy is medically unnecessary.