

Case Number:	CM14-0092045		
Date Assigned:	07/25/2014	Date of Injury:	09/08/1992
Decision Date:	09/23/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 64 year old claimant was injured in 9/08/1992. She has been diagnosed with lumbar stenosis, chronic low back pain and knee osteoarthritis. She is appealing the 6/10/14 denial of discography, consultation for radiofrequency treatment, and Fluoroguide for spine injections. She had relief from radiofrequency treatment for facetogenic back pain with good relief ("essentially pain free") from 11/2012 to about 4/2014. She has also had epidural steroids to treat leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation For Radio Frequency Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: This patient apparently had radiofrequency rhizotomy in 2012. The ODG states that average length of time for benefit is about 10-12 months. ODG suggests several criteria for approval:(1) Treatment requires a diagnosis of facet joint pain, (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. 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. This patient appears to have met criteria for facet pain by examination (see 6/4/14 operative note) , and authorization is granted for consultation in regards to possible RF treatment of her facet joint pain. The significant relief she had with her prior treatment, lasting over a year, indicates she may be a candidate for repeat procedures. Therefore, the request is medically necessary.

Injection Procedure for Discography X3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Discography.

Decision rationale: Per ODG, discography is not recommended. It was previously used to determine whether IDET or fusion would be performed, but studies have shown that the symptoms produced during the procedure are of limited value. The request is not medically necessary.

Destruction by Neurolytic Agent, Paravertebral Facet Joint Nerve,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Chemical Rhizotomy.

Decision rationale: Neurotomy should only occur after diagnostic medial branch block has been performed and deemed successful. Per ODG, facet joint chemical neurotomy is not indicated, as there are no studies to validate its use - it is considered experimental. The request is not medically necessary.

Lumbar fluoroguide for spine injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Fluoroscopy.

Decision rationale: Fluoroscopy is indicated for spinal procedures, however CT fluoroscopy is a 3-D image reconstruction. Most of the literature I saw was related to its use with unicompartmental knee procedures. I could not find evidence that it better than traditional fluoroscopy in performing spinal procedures There is no guidance available from ODG or the California MTUS. There was no literature submitted from the requestor aiding in this decision. It's necessity has not been established and it is hence the request is not medically necessary.