

Case Number:	CM14-0161023		
Date Assigned:	10/06/2014	Date of Injury:	12/28/2010
Decision Date:	01/26/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Rehab, has a subspecialty in Pain 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:

This is a 67 year old male who sustained a work related injury on December 28, 2010. The mechanism of injury was not provided. A current physician's progress report dated September 2, 2014 notes that the injured worker reported increased aching pain in his right shoulder and was having difficulty sleeping due to the pain. He also complained of neck and right-sided low back pain. Pain levels were noted to be five out of ten for the neck pain and six out of ten for the low back pain on the Visual Analogue Scale. The right-sided low back pain was noted to be constant and radiated into his hip. Associated symptoms include aching, burning, numbness and a pins and needles sensation in the right calf. The injured worker underwent a lumbar facet medial branch block at the right lumbar two-three facet joints on July 30, 2014. He stated he had good relief after the block, but the pain returned the next day. The injured worker last worked July 9, 2012. Prior treatments included an epidural steroid injection on January 15, 2014 and twelve chiropractic sessions, which decreased his pain by thirty percent and increased his function. Current medications include Percocet, Gabapentin and Tramadol. Prolonged walking, standing and movements increase his symptoms. Physical examination of the lumbar spine revealed tenderness to palpation on the right side and slightly midline. Range of motion of the cervical and lumbar spine was decreased throughout all planes. The injured workers right upper extremity motor examination was severely limited due to pain. Tenderness over the entire right shoulder was noted. Diagnoses include severe right neural foraminal narrowing at lumbar three-four level, multilevel disc herniation of the cervical spine with stenosis, cervical radiculopathy and lumbar radiculopathy. The treating physician requested a radiofrequency ablation of the lumbar two-lumbar three medial branch nerves due to the injured workers good relief of pain from the prior medial branch block. A progress report dated August 8, 2014 states that the patient underwent medial branch blocks. The patient noted that at the end of the procedure his

pain was 7/10, 1 hour later it was 5/10, 2 hours later it was 4/10, and 6-7 hours after the procedure it was 0/10. Physical examination shows limited lumbar extension due to pain and tenderness to palpation on the right side lumbar spine. A procedure report dated July 30, 2014 states that the patient underwent lumbar facet medial branch block right side L2-3 with IV sedation. Utilization Review evaluated and denied the request for the lumbar radiofrequency ablation on September 19, 2014. The documentation notes that the injured worker had good relief with the prior medial branch block on July 30, 2014, but did not indicate the exact quantitative amount of pain relief the injured worker had. In addition, there is no indication in the treatment plan that the injured worker would be using the radiofrequency ablations to further other efforts of physical therapy. Therefore, the request is non-certified. Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of the right L2-L3 medial branch nerves: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, 9792.20 Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, physical therapy, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, it appears the patient has undergone a facet medial branch block with over 70% reduction in the patient's pain. However, the injections were performed with sedation, despite guideline recommendations against the use of sedation when performing medial branch blocks due to the risk of confounding subsequent pain relief. Additionally, there is no documentation of tenderness to palpation or positive facet loading specifically over the right side L3-4 facet joint (corresponding with the L2-3 medial branch nerve). Furthermore, the patient has numerous radicular complaints and findings. Guidelines recommend against performing radiofrequency ablation in patients with

active radiculopathy. Finally, it is unclear what conservative treatment has been directed towards the patient's facet joint pain. As such, the currently requested radiofrequency ablation is not medically necessary.