

Case Number:	CM14-0173761		
Date Assigned:	10/27/2014	Date of Injury:	11/02/2013
Decision Date:	01/23/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 11/02/2013 due to falling into a 10 foot vault, struck equipment, fractured his left knee, injured his left shoulder, injured his neck, was temporarily unconscious, and had an injury to his lumbar spine. Physical examination dated 05/29/2014 revealed the injured worker was status post facet injections that were given on 05/07/2014. The injured worker developed hives the night of the injection and felt tightness throat which resolved with Benadryl and prednisone diagnosed by another doctor the next day. It was reported that the injured worker had been walking regularly and watching his foot intake and has lost 10 pounds. Neurological examination revealed no focal neurological functional deficits, motor and sensory grossly normal bilaterally, normal muscle tone, no tremors, strength was 5/5. Examination of the lumbar spine revealed somewhat guarded with change in position and loss of range of motion on all planes related to pain in low back but on focal finding. Upper extremities had full range of motion. Diagnoses were closed fracture, lumbar spine/L2, L5 transverse process fractures, contusion right scapular, concussion with brief LOC, contusion left knee, and sprain left hip/thigh. The provider issued a medical legal appeal dated 10/01/2014 that stated the patient presently had only axial low back pain without evidence of radiculopathy at present. It was reported that the injured worker had undergone authorized intra-articular facet injections to which he responded significantly and obtained significant relief. The injured worker underwent medial branch blocks and received again, temporary but significant relief. Treatment plan was to request L3, L4, L5 level radiofrequency neurotomies based on the response to the medial branch blocks and facet injections. It was reported that the injured worker had loss of extension and tenderness over facets in the lower back. It was also reported that the injured worker at present does not have radicular pain. It was also reported that

the provider stated he documented 70% relief of pain with both the facet injections and medial branch blocks. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency neurotomies L3,4,5 (x2) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Facet joint radiofrequency neurotomy

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

Decision rationale: The decision for Bilateral radiofrequency neurotomies L3,4,5 (x2) sessions is not medically necessary. The California/ACOEM Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produced mixed results. Due to the limited information provided by the ACOEM Guidelines, other resources were researched. The Official Disability Guidelines state that facet joint radiofrequency neurotomies are under study. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis (only 3 RCTs 1 with 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. Criteria for the use of facet joint radiofrequency neurotomy are: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described. (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 greater than 50% relief. The current literature does not support 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 years' 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 2 joint levels are to be performed at 1 time. (5) If different regions require neural blockade, they should be performed at intervals of no sooner than 1 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. The clinical documentation submitted for review did not indicate pain relief greater than 50% for at least a 12 week period. The provider did not report the duration of pain relief or the percentage of pain relief from the bilateral intra-articular facet injections. It was not noted that there was a

formal plan of evidence based conservative care to be followed by the bilateral radiofrequency neurotomy. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Furthermore, the clinical documentation did not indicate significant functional benefit resulting from the previous bilateral facet injections. The physical examination was reported as somewhat guarded with change in position and loss of range of motion on planes related to pain in low back but no focal finding. The examination of the injured worker's lumbar spine is lacking documentation detailing a clear assessment of the injured worker's deficits. Also, there was no documentation of improvement in VAS score. There were no other significant factors provided to justify decision for Bilateral radiofrequency neurotomies L3,4,5 (x2) sessions, therefore, this request is not medically necessary.

Associated surgical services: moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Facet joint radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for Associated surgical services: moderate sedation is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.