

Case Number:	CM14-0193494		
Date Assigned:	12/01/2014	Date of Injury:	02/01/2004
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with a date of injury of 2/1/04. The listed diagnoses are: 1) s/p bilateral L4-L5 and L5-S1 facet Rhizotomy, 2) Bilateral lumbar facet joint pain L4-5, L5-S1, 3) Lumbar facet joint arthropathy, 4) Chronic right C7 radiculopathy, 5) Bilateral lunar neuropathy across elbow with positive EMG. 6) Bilateral ulnar neuritis, 7) Lumbar sprain/strain. According to progress report 6/10/14, the patient presents with chronic low back and neck pain. The patient reports 80% improvement with right upper extremity radicular pain following C7 ESI. "The patient is also status post positive diagnostic bilateral L4-5 and L5-S1 medial branch block." Examination revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints. Lumbar extension is worse than flexion. Treatment plan is for fluoroscopically guided facet joint radiofrequency nerve ablation x2 at levels L4-5 and L5-S1. The Utilization review denied the request on 10/20/14. Treatment reports from 12/10/13 through 6/10/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint radiofrequency nerve ablation, guided bilateral L4-L5 and L5-S1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI). Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG) Online edition, Chapter Low back lumbar & thoracic (acute & chronic)

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 chapter, Facet joint radiofrequency neurotomy

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Facet Joint Radiofrequency Nerve Ablation x2, Guided Bilateral L4-L5 and L5-S1. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG under its Low Back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. Review of the medical file indicates that the patient underwent a diagnostic block on 4/17/14. The only progress report following the block is from 6/10/14, which notes 80% improvement from CESI and notes "positive response" from the medial branch block. ODG guidelines require 70% reduction of pain for a positive response, and then RFA would be indicated. Given the treating physician has not provided the required documentation to indicate positive diagnostic block, the requested RFA is not medically necessary.