MAXIMUS Federal Services

Case Number:	CM14-0204769		
Date Assigned:	12/15/2014	Date of Injury:	01/18/2013
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60y/o female injured worker with date of injury 1/18/13 with related low back and bilateral shoulder pain. Per progress report dated 11/13/14, the injured worker rated pain 8/10. Average pain was rated 6/10. Per physical exam, there was spinous process tenderness of T5, T6, and T7. There was paraspinal muscle tenderness with tight muscle band palpated on the thoracic spine. The injured worker had 75% decrease in low back pain following diagnostic injection. Treatment to date has included physical therapy, medial branch block, and medication management.The date of UR decision was 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Permanent Lumbar Facet Injection L4-L5 and L5-S1 Also Known As Radiofrequency Ablation Each Additional Level Fluoroscopic Guidance IV Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Physical Methods. Decision based on Non-MTUS Citation ODG, Low Back

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 Radiofrequency Neurotomy.

Decision rationale: Per MTUS ACOEM, "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.Per ODG with regard to facet joint radiofrequency neurotomy: "Under study. Conflicting evidence, which is primarily observational, 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."The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).(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.Per the documentation submitted for review it was indicated that the injured worker underwent diagnostic block on 9/3/14. Per appeal letter dated 11/26/14, it was noted that during the procedure the injured worker required intravenous sedation during the block to be able to stay still. I respectfully disagree with the UR physician's denial based upon lack of operative report, which is now provided for review. Per the ODG guidelines regarding diagnostic blocks: 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. As only the minimum amount of sedation was used to keep the injured worker still, the validity of the block is not in question. The request is medically necessary.