

Case Number:	CM14-0206557		
Date Assigned:	12/18/2014	Date of Injury:	09/06/2013
Decision Date:	02/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology 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:

This is a year old with a date of injury of 09/06/13. The patient is being treated for sprain/strain lumbar region, facet arthropathy L4-5, L5-S1, cervical strain/sprain and disc bulge T11-12. Subjective findings include on 10/28/14 of constant low back pain worse at night. Objective finding include tenderness to lumbar paraspinal musculature, increase with extension and rotation, limited ROM, negative straight leg raise. X-ray lumbar spine 5/13/14 and MRI lumbar spine on 10/11/13. Treatment thus far has consisted of medications (ibuprofen, Ultram), H-wave, chiropractic therapy, physical therapy, acupuncture, facet block L4-5 and L5-S1 on 10/6/14 with 60% improvement in low back pain. The Utilization Review on 11/17/14 for 1 Radiofrequency ablation of the medial branch of the bilateral L4, L5, and S1 was non-certify due to short duration since previous procedure (< 6 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency ablation of the medial branch of the bilateral L4, L5, and S1: Upheld

Claims Administrator 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-Lumbar and Thoracic/Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: ODG states, "Criteria for use of facet joint radiofrequency neurotomy:(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."Given that this patient has received facet blocks to L4-5 L5-S1 on 10/6/14 and it has not been 6 months as the guidelines recommend and the patient has not had symptomatic relief of 50% or more for 12 weeks or greater, the request for 1 Radiofrequency ablation of the medial branch of the bilateral L4, L5, and S1 is not medically necessary.