

Case Number:	CM14-0206717		
Date Assigned:	12/18/2014	Date of Injury:	11/10/1998
Decision Date:	02/09/2015	UR Denial Date:	11/22/2014
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 Physical Medicine Rehab, 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:

The patient is a 47 year-old male with an 11/10/1998 date of injury. According to the 11/12/14 anesthesiology/pain management report, the patient presents with 6/10 low back pain radiating to both buttocks and the back of both thighs. His diagnoses include: lumbar post laminectomy syndrome; lumbar facet arthropathy; myofascial pain syndrome; SI joint syndrome; trochanteric bursitis. He has history of fusion L5/S1. The patient is reported to have had lumbar medial branch nerve ablation with "significant pain relief lasting up to 9 months, then the patient gradually increased in intensity and returns to baseline" Exam showed decrease lumbar flexion and extension, positive lumbar facet loading, tenderness over the facet joints, negative SLR, normal reflexes. The physician requests the RFA, and states the patient reports "significant reduction in pain after the medial branch blocks done recently. The pain relief was significant but short lived and there is minimal residual pain relief at this point" The next available report is dated 10/30/14, and it states the pain is 4/10, and the physician is requesting diagnostic lumbar medial branch blocks bilateral at L2, L3, and L4. The medical reports provided for this review include 4/2/14, 10/16/14, 10/30/14 and 11/12/14. There are no procedural reports provided, and no reports showing prior facet medial branch blocks or prior RFA procedures or outcomes. On 11/21/14, Utilization Review looked over the 11/14/14 medical report and recommended non-certification for radiofrequency ablation of the lumbar medial branch nerves L2, L3, L4. The reviewer stated there was no evidence to support the physician's claim that the prior radiofrequency ablation form 9/2011 provided 9-months of relief, and no documentation using VAS scores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of the Lumbar Medial Branch Nerves L2, L3, and L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

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 request is for radiofrequency ablation of the lumbar medial branch nerves L2, L3, and L4. The patient is reported to have fusion at L5-S1, but the pain management physician is requesting a 2-level radiofrequency ablation for L3/4 and L4/5. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, pages 300-301 states, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Official Disability Guidelines, low back section for facet joint radiofrequency neurotomy, under Criteria for use of facet joint radiofrequency neurotomy states, "Treatment requires a diagnosis of facet joint pain using a medial branch block as described above."; and "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 available medical records did not document the date of any prior radiofrequency ablation, nor any diagnostic medial branch blocks. There is no documentation that the patient had 50% relief of lasting over 6-months. There is no discussion of the diagnostic medial branch block. Based on the available information, it is not clear if any of the criteria for the facet radiofrequency neurotomy has been met. The request cannot be confirmed to be in accordance with MTUS/ACOEM or Official Disability Guidelines. The request for radiofrequency ablation of the lumbar medial branch nerves L2, L3, and L4 is not medically necessary.