

Case Number:	CM14-0207933		
Date Assigned:	12/19/2014	Date of Injury:	01/29/2002
Decision Date:	02/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 41 year old female with a work injury dated 1/29/02. The diagnoses are low back pain, foot pain, pain in the limb. She is status post decompression and fusion at the L5-S1 level with instrumentation in July 2009. The mechanism of injury was that she lifted up a trap door at work and injured her back and right foot. The low back, right foot and right ankle are accepted body parts for this injury. There is an 11/14/14 progress note that states that the patient A 10/1/10 lumbar MRI states that the patient is status post pedicle screw placement at L5-S1; bone dowel between L5-S1 appears more right sided than left and bony union is incomplete. A 5/14/12 lumbar MRI states that the patient has bilateral pedicle screws at L5-S1 with intervertebral disc spacer. Minimal anterolisthesis of L5-S1 without significant spinal canal stenosis at this level. Stenosis of right neural foramen at L5-S1. The patient has had a lumbar medial radiofrequency neurotomy at the L3, L4, and L5 branch bilaterally on 12/4/13. She had a lumbar medial branch block at the right L3, L4, and L5 on 4/3/13. On 1/9/13 she had a right transforaminal lumbar epidural steroid injection at L5, S1 and this was also done on 6/20/12. A 5/16/12 EMG/NCS revealed Electrodiagnostic study of peripheral polyneuropathy in the right leg. No right lumbar radiculopathy. An 11/14/14 progress note states that the patient comes for follow up for lower backache, right ankle and foot pain. The pain level has increased. The patient rates her pain with medications as 3/10. She rates her pain without medications as 5/10. The patient has poor sleep. There is no change in activity. The patient states her medications are working well. She is reporting an increase in low back pain with electrical sensations across her low back similar to what she had prior to her radiofrequency. She would like another procedure

done as this provided significant pain relief for several months. Her medications include Omeprazole, Percocet, Cymbalta, Neurontin, and Motrin. On exam the patient has a right sided antalgic gait without assistive device. The lumbar spine range of motion is reduced. There is paravertebral tenderness and tightness on both sides. The lumbar facet loading is positive bilaterally. The straight leg raise is negative. The FABERE is positive. The ankle jerk is 2/4 bilaterally and patella jerk is bilaterally. The Fabere Test is positive on the right hip: low back pain and radicular symptoms. The motor strength is 5/5 bilateral ankle dorsi flexors, knee extensors are 5-/5 bilaterally; knee flexors 5-/5 on right and 5/5 left. There is decreased light touch over the lateral foot, calf, and thigh. As well as the thumb, index finger, middle finger, ring, little and medial hand and lateral hand both sides. The knee jerk is bilateral and 2/4 ankles bilateral. The straight leg raise is negative. The treatment plan is a request for a lumbar medial branch RFA at L3, 4, 5 bilaterally. The patient will continue her Percocet, Cymbalta, Neurontin, Omeprazole. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right radiofrequency ablation at L3 QTY:1: 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), Lumbar Facet Radiofrequency Neurotomy; Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 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- Facet joint radiofrequency neurotomy.

Decision rationale: Right radiofrequency ablation at L3 QTY:1 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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 produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that 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). The 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. No more than two joint levels are to be performed at one time. The ODG states that (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. There should be evidence of a formal plan of additional evidence-based

conservative care in addition to facet joint therapy. The documentation submitted does not reveal a decrease in medication intake or a fifty percent or greater reduction in pain relief after the last neurotomy. Therefore the request for this radiofrequency neurotomy is not medically necessary.

Right radiofrequency ablation at L4 QTY: 1.00: 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), Lumbar Facet Radiofrequency Neurotomy; Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 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- Facet joint radiofrequency neurotomy.

Decision rationale: Right radiofrequency ablation at L4 QTY: 1.00 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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 produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that 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). The 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. No more than two joint levels are to be performed at one time. The ODG states that (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. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The documentation submitted does not reveal a decrease in medication intake or a fifty percent or greater reduction in pain relief after the last neurotomy. Therefore the request for this radiofrequency neurotomy is not medically necessary

Right radiofrequency ablation at L5 QTY: 1.00: 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), Lumbar Facet Radiofrequency Neurotomy; Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 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- Facet joint radiofrequency neurotomy.

Decision rationale: Right radiofrequency ablation at L5; QTY:1 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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 produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that 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). The 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. No more than two joint levels are to be performed at one time. The ODG states that (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. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The documentation submitted does not reveal a decrease in medication intake or a fifty percent or greater reduction in pain relief after the last neurotomy. Therefore the request for this radiofrequency neurotomy is not medically necessary.

Left radiofrequency ablation at L3 QTY: 1.00: 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), Lumbar Facet Radiofrequency Neurotomy; Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 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- Facet joint radiofrequency neurotomy.

Decision rationale: Left radiofrequency ablation at L3 QTY:1 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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 produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The

ODG states that 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). The 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. No more than two joint levels are to be performed at one time. The ODG states that (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. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The documentation submitted does not reveal a decrease in medication intake or a fifty percent or greater reduction in pain relief after the last neurotomy. Therefore the request for this radiofrequency neurotomy is not medically necessary.

Left radiofrequency ablation at L4 QTY: 1.00: 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), Lumbar Facet Radiofrequency Neurotomy; Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 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- Facet joint radiofrequency neurotomy.

Decision rationale: Left radiofrequency ablation at L4 QTY: 1.00 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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 produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that 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). The 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. No more than two joint levels are to be performed at one time. The ODG states that (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. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The documentation submitted does not reveal a decrease in medication intake or a fifty percent or greater reduction in pain relief after

the last neurotomy. Therefore the request for this radiofrequency neurotomy is not medically necessary.

Left radiofrequency ablation at L5 QTY:1.00: 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), Lumbar Facet Radiofrequency Neurotomy; Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 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- Facet joint radiofrequency neurotomy.

Decision rationale: Left radiofrequency ablation at L5 QTY: 1.00 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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 produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that 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). The 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. No more than two joint levels are to be performed at one time. The ODG states that (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. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The documentation submitted does not reveal a decrease in medication intake or a fifty percent or greater reduction in pain relief after the last neurotomy. Therefore the request for this radiofrequency neurotomy is not medically necessary.