

Case Number:	CM14-0067803		
Date Assigned:	07/11/2014	Date of Injury:	04/29/2012
Decision Date:	04/09/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 45-year-old male, who sustained an industrial injury on April 29, 2012. The diagnoses have included left more than right back pain with occasional radiation to the legs and the back likely secondary to facet arthropathy and Magnetic resonance imaging of lumbar spine. Treatment to date has included Topamax for insomnia, pain medication. Currently, the injured worker complains of back pain. In a progress note dated April 15, 2014, the treating provider reports examination is all normal. A progress report dated April 15, 2014 identifies subjective complaints identifying primarily low back pain. The note indicates that the patient's pain is secondary to left facet arthropathy and right degenerative disc disease with radiculitis. The note indicates that the patient underwent left L3-5 medial branch radiofrequency ablation with 90% relief for 6 months in January 11, 2013 and underwent a 2nd medial branch radiofrequency ablation with 70% relief on September 9, 2013. The treatment plan recommends repeating L3-5 left medial branch radiofrequency ablation. Additionally, the patient is recommended to continue a home exercise program and continue working full-time. An appeal letter was also reviewed. On May 5, 2014 Utilization Review non-certified lumbar radio frequency ablation single with moderate sedation, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radio-frequency Ablation single with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radio-frequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309, also 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, the requesting physician has performed previous medial branch blocks and radiofrequency procedures with documentation of reduction in pain. Unfortunately, there is no documentation of functional improvement as a result of those procedures. Furthermore, there is no documentation of recent physical examination findings supporting a diagnosis of facetogenic pain. In the absence of clarity regarding his issues, the currently requested radiofrequency lesioning is not medically necessary.