

Case Number:	CM15-0002896		
Date Assigned:	01/13/2015	Date of Injury:	10/31/2002
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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

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 57-year-old female who reported an injury on 10/31/2002. The mechanism of injury was a fall down the stairs. Prior therapies included physical therapy, acupuncture, and back surgery. The injured worker had low back injections in 2005 and 2011. Surgical history included SCS implantation, hardware removal, back surgery, and a myomectomy. The documentation of 08/19/2014 revealed the injured worker had pain. The physical examination revealed normal deep tendon reflexes and 5/5 strength in the bilateral upper and lower extremities. The injured worker had normal sensation to pinprick and light touch in the upper and bilateral lower extremities. The injured worker had thoracic spinal tenderness with spasms and pain with lateral rotation. The examination of the lumbar spine revealed pain with movement and paravertebral muscle tenderness. The treatment plan included a thoracic medial branch block at T4-8 bilaterally to reduce pain. On 10/01/2014, the injured worker underwent a bilateral medial branch block at T6-8. The documentation of 10/08/2014 revealed the injured worker complained of mid back pain. On the average the pain was 6/10 and the worst pain was 10/10. The thoracic facet injection provided 100% pain relief for 2 days. The treatment plan included a thoracic radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Radiofrequency Ablation T4-T8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS 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 Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. There should be documentation of a formal plan of additional evidence based conservative care in addition to the facet joint therapy. The clinical documentation submitted for review indicated the injured worker had thoracic facet injections that provided 100% pain relief for 2 days. However, the objective functional benefit was not provided. Additionally, the physician documentation failed to indicate the injured worker had a formal plan of additional evidence based conservative care in addition to the facet joint therapy. Given the above and the lack of documentation, the request for thoracic radiofrequency ablation, T4-T8 is not medically necessary.