

Case Number:	CM15-0004439		
Date Assigned:	01/15/2015	Date of Injury:	01/26/2010
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 61 year old male, who sustained an industrial injury on January 26, 2010. He has reported working in a snowstorm, wearing a hard hat, when a large ball of ice/snow fell from a tree, striking him on the vertex, causing him to fall onto his knees. The diagnoses have included back pain, lumbosacral spondylosis, cervical degenerative disc disorder, and cervical spondylosis. Treatment to date has included physical therapy, home exercise program, chiropractic treatment, and non-steroidal anti-inflammatory medications. Currently, the IW complains of neck pain. The records indicate a microdiscectomy at L4-L5 was completed on October 21, 1988. On December 19, 2014, physical findings are noted as lumbar spine tender, neck somewhat rigid with reduced spontaneous motion, reduced rotation, flexion and extension. On December 29, 2014, Utilization Review non-certified radiofrequency ablation bilateral L4-5, L5-S1, based on ACOEM, and ODG guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of radiofrequency ablation bilateral L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation Bilateral L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Regarding Rhizotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint radiofrequency neurotomy

Decision rationale: This patient presents with chronic low back pain that is described as intermittent, sharp and shooting. The current request is for radiofrequency ablation bilateral L4-5, L5-S1. As stated in progress report dated 12/10/14, the patient has had 3 RFA injections over the course of the years which "have been allowing him to function for 6-12 months." Regarding radiofrequency ablation, ACOEM Guidelines page 300 and 301 state, "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." ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy 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." The medical file provided for review includes operative reports for a diagnostic block and two Radiofrequency ablation but they are all for the cervical spine. There are no operative reports for medial branch blocks or radiofrequency ablation for the lumbar spine. The dates of prior injections for the lumbar spine are unclear. In this case, the treating physician has not quantified the improvement from prior injections and there was no documentation of reduction in medication as required by MTUS for consideration of a repeat injection. The requested repeat radiofrequency ablation is not medically necessary.