

Case Number:	CM15-0006720		
Date Assigned:	01/26/2015	Date of Injury:	10/25/2012
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 43 year old male who sustained an industrial injury on 10/25/2012. He has reported lower back pain that does not radiate. The diagnoses have included Lumbar sprain, back symptoms, lumbago, lumbar disc displacement, lumbosacral neuritis, prolonged medication use, cervical spondylosis, arthropathy, pain disorder psychological, lumbosacral disc degeneration, and a history of addiction with both alcohol and opiate pain medications. Treatment to date has included muscle relaxants, non-steroidal anti-inflammatories, antidepressants, Sumatriptan (for headache) and lumbar facet injections. MRI's of the lumbar spine on 09/22/2014 showed anterior spondylosis with mild hypertrophic facet disease bilaterally and narrowing of the spinal canal foramen at L3-L4, at L4-L5 there was hypertrophic bilateral neural foraminal stenosis similar to a prior exam. At L5-S1 there was desiccation of the discs with posterior spondylosis and mild bilateral neural foraminal stenosis and central stenosis. Currently, the IW complains of pain in the lower back that does not radiate into the lower extremities. The pain is increased with activities such as driving and made better with lying down, ice, and walking. In exam notes of 12/19/2014, the IW presented post op after lumbar facet injections. His post procedure pain log indicated that the injections reduced his pain from 7-8/10 on a visual analog scale to 2/10 for up to five hours post procedure. The pain again reached baseline by the next day following the facet injections. On 01/05/2015 Utilization Review non-certified a request for Bilateral Permanent Lumbar Facet Injection (Radiofrequency Ablation) with Fluoroscopic Guidance and IV Sedation at L3-S1 Level noting the request exceeds the two joint maximum level recommended by Official Disability Guidelines, and the

guideline criteria of being performed without IV sedation, at only two joint levels performed and no more than 0.5 ml of injectate and no steroid used. As these guidelines have not been met, the medical necessity of facet ablation radiofrequency is not supported by the evidence based medicine. The non MTUS, ACOEM Guidelines, Official Disability Guidelines (ODG) Facet, joint radiofrequency, Neurotomies were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Permanent Lumbar Facet Injection (Radiofrequency Ablation) with Fluoroscopic Guidance and IV Sedation at L3-S1 Level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet, joint radiofrequency, Neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain

Decision rationale: Bilateral Permanent Lumbar Facet Injections (Radiofrequency Ablation) with Fluoroscopic Guidance and IV sedation at L3-S1 level is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The request exceeds the maximum treatment levels and IV sedation is not recommended; therefore the requested procedure is not medically necessary.