

Case Number:	CM15-0007104		
Date Assigned:	01/26/2015	Date of Injury:	04/23/2004
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 46 year old male who sustained an industrial injury on 04/23/2004. He has reported chronic thoracic and lumbar spine pain. The diagnoses have included degeneration of the thoracic or thoracolumbar intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and thoracic and lumbar facet arthropathy. Treatment to date has included conservative treatment measures including pain medications. Currently, the IW complains of increased pain flare up caused by working outside for the county doing road work. On examination of the thoracic spine there is severe tenderness to palpation over the paraspinal musculature from T8-T10. Across the low back there is tenderness in the paraspinal musculature at the L4-L5 levels and tenderness over the bilateral SI joints. There is positive bilateral straight leg raises, right greater than left. The neuro exam reveals decreased sensation along the right lateral side of the leg to the calf in L4 and L5 dermatomes. Patellar reflexes are decreased on the right. Treatment is with oral pain medications including MS Contin 30 mg every 12 hours for pain, Percocet for breakthrough pain, Relafen, and Soma twice daily if needed for muscle spasms. A radiofrequency rhizotomy at T8-9-10 bilateral is planned with a two week follow-up for his severe, progressive thoracic pain. A radiofrequency rhizotomy at bilateral L4-L5 is planned in order to diminish pain and allow a decrease his narcotic medications. On 12/31/2014 Utilization Review non-certified a request for Pain management radiofrequency rhizotomy at bilateral T 7 - T8 and follow up noting the medical necessity of the request cannot be established. The MTUS Guidelines

Chronic Pain was cited. On 01/13/2015, 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:

Pain management radiofrequency rhizotomy at bilateral T7 - T8 and follow up.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back, facet joint radiofrequency ablation

Decision rationale: The medical records provided for review do not indicate documentation of results of diagnostic facet blocks in support of RFA. There is no indication of demonstrated improvement in pain greater than 70% for duration of anesthetic used in facet diagnostic block performed without conscious sedation. As such, ODG does not support RFA of facet medial branches.