

Case Number:	CM15-0107688		
Date Assigned:	06/12/2015	Date of Injury:	10/18/2006
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with an industrial injury dated 10/18/2006. His diagnoses included lumbar facet syndrome. Prior treatment included diagnoses and medications. He presents on 05/08/2014 for back pain. Physical exam recorded on the 05/08/2014 is difficult to read. The treatment plan and request is for lumbar radiofrequency bilateral at lumbar 4-5 and lumbar 5-sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency 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 Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Low Back Chapter/Facet Joint Radiofrequency Neurotomy.

Decision rationale: MTUS guidelines do not address the use of Facet Joint Radiofrequency Neurotomy. Per ODG, Facet Joint Radiofrequency Neurotomy is under study and lumbar facet joint neurotomies produce mixed results. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. The procedure is not recommended to treat cervicogenic headaches. This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Potential side effects include painful cutaneous dysesthesias, increased pain due to neuritis or neurogenic inflammation, and cutaneous hyperesthesia. The clinician must be aware of the risk of developing a deafferentation centralized pain syndrome as a complication of this and other neuroablative procedures. Factors associated with failed treatment include increased pain with hyperextension and axial rotation (facet loading), longer duration of pain and disability, significant opioid dependence, and history of back surgery. Criteria for use of cervical facet radiofrequency neurotomy include: 1. Treatment requires a diagnosis of facet joint pain; 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function; 3. No more than two joint levels are to be performed at one time; 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks; 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy; 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be 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. The injured worker has had lumbar facet-joint injections in the past which provided some relief for only 7 days. There is no evidence of pain relief greater than 50% lasting for at least 12 weeks, therefore, the request for Lumbar Radiofrequency Bilateral L4-5, L5-S1 is determined to not be medically necessary.