

Case Number:	CM15-0108913		
Date Assigned:	06/16/2015	Date of Injury:	06/15/1981
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 55 year old female, who sustained an industrial injury on 06/15/1981. On provider visit dated 05/05/2015 the injured worker has reported back pain. On examination of the lumbar spine was noted to have full range of motion with pain. And tenderness was noted at the paraspinal facet, spinous, paraspinous, gluteal, piriform, and SI joint. Positive Faber's test on the right was noted. The diagnoses have included chronic pain syndrome, low back pain, and lumbar spondylosis with myelopathy. Treatment to date has included laboratory studies, medication, spinal cord stimulator which was noted to be removed. Back surgery in 2010 was noted. The provider requested Radiofrequency ablation left side L5, S1, S2, S3 and S4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation left side L5 Qty: 1: 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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency neurotomy.

Decision rationale: Facet joint radiofrequency neurotomy, also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The same nerves are tested with the MBB as are treated with the neurotomy. Criteria for use of facet joint radiofrequency neurotomy include: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, the patient had left L5-S4 RFA on 8/8/2014. On 10/6/2014, this patient reported a 70% reduction of pain. However, she had complaints of 5/10 pain in the gluteal and low back regions. According to the ODG, as stated above, 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). Therefore, medical necessity for the requested left L5 RFA has not been established. The requested RFA is not medically necessary.

Radiofrequency ablation left side S1 Qty: 1: 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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency neurotomy.

Decision rationale: Facet joint radiofrequency neurotomy, also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The same nerves are tested with the MBB as are treated with the neurotomy. Criteria for use of facet joint radiofrequency neurotomy include: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, the patient had left L5-S4 RFA on 8/8/2014. On 10/6/2014, this patient reported a 70% reduction of pain. However, she had complaints of 5/10 pain in the gluteal and low back regions. According to the ODG, as stated above, 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). Therefore, medical necessity for the requested left S1 RFA has not been established. The requested RFA is not medically necessary.

Radiofrequency ablation left side S2 Qty: 1: 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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency neurotomy.

Decision rationale: Facet joint radiofrequency neurotomy, also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The same nerves are tested with the MBB as are treated with the neurotomy. Criteria for use of facet joint radiofrequency neurotomy include: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, the patient had left L5-S4 RFA on 8/8/2014. On 10/6/2014, this patient reported a 70% reduction of pain. However, she had complaints of 5/10 pain in the gluteal and low back regions. According to the ODG, as stated above, 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). Therefore, medical necessity for the requested left S2 RFA has not been established. The requested RFA is not medically necessary.

Radiofrequency ablation left side S3 Qty: 1: 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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency neurotomy.

Decision rationale: Facet joint radiofrequency neurotomy, also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The same nerves are tested with the MBB as are treated with the neurotomy. Criteria for use of facet joint radiofrequency neurotomy include: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, the patient had left L5-S4 RFA on 8/8/2014. On 10/6/2014, this patient reported a 70% reduction of pain. However, she had complaints of 5/10 pain in the gluteal and low back regions. According to the ODG, as stated above, 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). Therefore, medical necessity for the requested left S3 RFA has not been established. The requested RFA is not medically necessary.

Radiofrequency ablation left side S4 Qty: 1: 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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency neurotomy.

Decision rationale: Facet joint radiofrequency neurotomy, also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The same nerves are tested with the

MBB as are treated with the neurotomy. Criteria for use of facet joint radiofrequency neurotomy include: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, the patient had left L5-S4 RFA on 8/8/2014. On 10/6/2014, this patient reported a 70% reduction of pain. However, she had complaints of 5/10 pain in the gluteal and low back regions. According to the ODG, as stated above, 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). Therefore, medical necessity for the requested left S4 RFA has not been established. The requested RFA is not medically necessary.