

Case Number:	CM15-0130306		
Date Assigned:	07/16/2015	Date of Injury:	02/17/2014
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 54-year-old female who reported an industrial injury on 2/17/2014. Her diagnoses, and or impression, were noted to include: lumbar and sacral sprain/strain; lumbar neuritis, facet arthropathy, and myofasciitis. No current imaging studies were noted. Her treatments were noted to include facet arthropathy on 5/12/2015; medication management; and rest from work. The progress notes of 3/6/2015 reported occasional, mild pain on the right side and across the lower back. Objective findings were noted to include no apparent distress; a well preserved thoracolumbar and lumbosacral posture; pain with walking on heels; pain over the right para-spinal muscles and to right lateral rotation; positive right facet loading. The physician's requests for treatments were noted to include radiofrequency thermo-coagulation to the right lumbosacral region. Per the note dated 5/29/15 the patient had complaints of low back pain. Physical examination of the lumbar spine revealed limited range of motion, positive facet loading test. There was no tenderness noted on palpation. Patient had received a right medial branch Lumbar L4-L5, L5-S1 block on 5/12/15. Per the note dated 5/29/15, pt had 100% relief with the diagnostic medial branch block for several hours. The medication list include Prilosec, Motrin, Mobic and Lidoderm patch. The patient has had MRI of the lumbar spine on 6/16/14 that revealed disc protrusions, and central canal stenosis. The patient had received an unspecified number of the PT and chiropractic visits for this injury. The patient sustained the injury due to a slip and falls incident. The patient had used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Thermocoagulation Right Lumbar L4-L5, L5-S1 (sacroiliac), Qty 2:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Percutaneous intradiscal radiofrequency (thermocoagulation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) Facet joint intra-articular injections (therapeutic blocks) Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy "Under study" Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Among the top 5 tests and therapies that are of questionable usefulness in the field of pain medicine, as prepared by the American Society of Anesthesiologists (ASA) and the American Pain Society (APS) is to avoid irreversible interventions for non-cancer pain, such as peripheral chemical neurolytic blocks or peripheral radiofrequency ablation, because such interventions may be costly and carry significant long-term risks of weakness, numbness, or increased pain. (ASA, 2014) 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). (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. As per cited guideline, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, which was not specified in the records provided. Patient has received an unspecified number of PT visits / conservative treatment for this injury till date. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Radiofrequency Thermocoagulation Right Lumbar L4-L5, L5-S1 (sacroiliac), Qty 2 is not fully established in this patient.