

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0132409 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 09/17/2013 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 38 year old female, who sustained an industrial injury on September 17, 2013. She reported progressive back pain. The injured worker was diagnosed as having back pain and lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostic studies, surgery, facet joint injections and medication. After her first set of injections, she reported 60 % improvement in lower back pain that lasted until a second set of injections. The second set of injections did not lead to improvement. Norco medication was noted to be initially helpful for pain. On June 18, 2015, the injured worker complained of moderate lumbar spine pain with radiation into the bilateral hips. The pain was rated as a 7 on a 1-10 pain scale on the day of the exam and a 10/10 at worst. The pain is exacerbated by walking, standing, sitting and all physical activities. Medication was reported to alleviate symptoms. The treatment plan included bilateral radiofrequency ablation L3-4, L4-5 and L5-S1. On June 29, 2015, Utilization Review non-certified the request for bilateral radiofrequency ablation bilateral L3-4, L4-5 and L5-S1, citing California MTUS ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency ablation bilateral L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (http://odg-twc.com/odgtwc/low_back.htm#Facetjoinradiofrequencyneurotomy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for Bilateral radiofrequency ablation bilateral L3-4, L4-5, L5-S1, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Guidelines also state 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). Guidelines go on to state, 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. Within the documentation available for review, the patient already had a radiofrequency ablation done in July 2014. Unfortunately, there is no documentation of functional improvement and decreased medications as a result of that ablation. As such, the currently requested Bilateral radiofrequency ablation bilateral L3-4, L4-5, L5-S1 is not medically necessary.