

Case Number:	CM15-0139884		
Date Assigned:	07/29/2015	Date of Injury:	03/06/2014
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 66 year old male, who sustained an industrial injury on March 6, 2014. He reported right shoulder and back pain. The injured worker was diagnosed with right shoulder contusion and lumbar strain. Treatment to date has included facet blocks, MRI, x-rays, medication, electrodiagnostic studies, physical therapy (right shoulder) and chiropractic care. Currently, the injured worker complains of right shoulder pain that radiates to his right shoulder blade and neck. The pain is aggravated by lifting and reaching and is rated at 5-6 on 10 without medication and 3-5 on 10 with medication. He reports low back pain that radiates to his mid and upper back and to his right hip and right lower leg with intermittent numbness and tingling and is rated at 5-7 on 10 without medication and 3-5 on 10 with medication. The pain is aggravated by increased activity, bending, twisting, lifting and prolonged standing and walking. He also reports sleep disturbance, sexual dysfunction, stomach upset, depression and anxiety. The injured worker is diagnosed with bilateral lumbar radiculopathy, L3-L5 stenosis and lumbar spondylosis. His work status is modified duty; however, the injured worker is not currently working. A note, dated June 4, 2015, states the injured worker reported approximately 90% relief in pain symptoms from the L3-S1 facet blocks. A note, dated April 8, 2015, states the injured worker did not experience any efficacy from chiropractic care or physical therapy. Due to the relief experienced from the facet blocks a radiofrequency ablation at bilateral L3-S1 is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at bilateral L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Lumbar & Thoracic, Facet joint radiofrequency neurotomy or rhizotomy.

Decision rationale: Facet joint radiofrequency neurotomy or rhizotomy is 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. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this 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. 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). (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. (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. In this case the patient had moderate to severe facet arthropathy L3-S1 on imaging studies. The request for radiofrequency ablation at four joint levels surpasses the recommended maximum of two levels in the criteria. The request is not medically necessary.