

Case Number:	CM15-0161583		
Date Assigned:	08/28/2015	Date of Injury:	02/17/2014
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

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 February 17, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar degenerative disc disease, disc herniation, and myofascitis. Treatment and diagnostic studies to date has included medial branch nerve block to the right lumbar four to five and lumbar five to sacral one levels, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated July 24, 2015 the treating physician reports complaints of sharp, burning, throbbing pain to the right low back. Examination reveals positive right sided facet loading, pain with walking on the heels, pain with palpation at lumbar four, lumbar five, and right sacral one, and decreased range of motion to the lumbar spine with pain. The injured worker's pain level was rated a 5 to 6 out of 10. The treating physician noted that the injured worker had 100% relief in pain secondary to medial branch nerve block performed on May 12, 2015, but noted that the pain has returned. The medical records provided included magnetic resonance imaging report from June 16, 2014 that was revealing for disc herniation at lumbar five to sacral one with minimal canal stenosis and disc bulge at lumbar four to five with minimal canal stenosis. The treating physician requested radiofrequency thermocoagulation of the right lumbar four to five and lumbar five to sacral one to avoid chronic pain syndrome noting that the injured worker has a herniated disc and had positive results from prior medial branch nerve block. The treating physician also noted that this treatment will provide long-term relief for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency thermocoagulation right L4-L5 and L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: Per MTUS ACOEM, There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Per ODG with regard to facet joint radiofrequency neurotomy: "Under study. 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 ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (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. Per the medical records submitted for review, it is noted that the injured worker had 100% relief in pain secondary to medial branch nerve block on 5/12/15. I respectfully disagree with the UR physician's denial based upon a lack of evidence of a formal plan of additional conservative care, the medical records indicate that the injured worker is under medication management and utilizes a TENS unit. The request is medically necessary.