

Case Number:	CM15-0163243		
Date Assigned:	08/31/2015	Date of Injury:	04/16/2010
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old female who sustained an industrial injury on 4/16/10. The mechanism of injury was not documented. Past medical history was positive for osteoporosis, depression and anxiety. The 7/14/15 treating physician report cited significant lower back pain that was 9/10 without medications, and 6-7/10 with medications. Current review of systems was positive for anxiety. Pain was worse with bending, sitting and standing. The injured worker had a bilateral radiofrequency ablation on 11/30/14 with a 50-60% reduction in pain for greater than 6 months and improvement in function. She was also to engage in activities of daily living and work with less pain following the radiofrequency ablation. She was also to take less medication. Current exam documented paraspinal and lower facet tenderness to palpation and lumbar range of motion reduced to 30 degrees flexion and 15 degrees extension with pain. Patrick's test caused lower back pain. Pain had increased over the past couple of months. She had failed conservative treatment including physical therapy. Authorization was requested for bilateral L3/4, L4/5, and L5/S1 radiofrequency ablation with fluoroscopic guidance and IV sedation. The 7/21/15 utilization review modified this request to bilateral L3/4, L4/5, and L5/S1 radiofrequency ablation with fluoroscopic guidance. IV sedation was non-certified as there was no clear indication that the injured worker had anxiety to warrant the request. The 8/10/15 treating physician report indicated that the injured worker had worsening pain across the low back. She was taking medications with some pain relief and performing daily exercise. She was caring for her mother who was diagnosed with terminal cancer, and dealing with issues of anxiety. The radiofrequency ablation had been scheduled for 8/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5 and L5-S1 radiofrequency ablation with fluoroscopic guidance and IV sedation: Overturned

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 and Official Disability Guidelines, Pain Chapter, Online version.

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 / Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. Criteria state that 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. 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The Official Disability Guidelines state that the use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Guideline criteria have been met. This injured worker has worsening low back pain with clinical exam findings consistent with facet mediated pain. Prior radiofrequency ablation has been documented as beneficial consistent with guidelines to support repeat injection. There is a past medical history and current complaint of significant anxiety. The 7/21/15 utilization review certified the request for bilateral radiofrequency ablation but non-certified the request for IV sedation. Guidelines specifically do not support IV sedation for diagnostic blocks except for extreme anxiety. Given the benefit documented with prior radiofrequency ablation and documented anxiety issues, this request for radiofrequency ablation with IV sedation is consistent with guidelines. Therefore, this request is medically necessary.