

Case Number:	CM15-0168860		
Date Assigned:	09/09/2015	Date of Injury:	07/07/2014
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old male, who sustained an industrial injury on July 7, 2014, when picking up a condensing unit, his back gave out, causing him to fall on his right arm with a radial head fracture. Currently, the injured worker reports chronic low back pain. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar region sprain-strain, open fracture of the radius, and lumbosacral spondylosis. The Treating Physician's report dated Jun 8, 2015, noted the injured worker reported his pain as remaining problematic but somewhat less intense than before the lumbar facet joint injections. Per the Treating Physician's report dated July 1, 2015, the injured worker reported the recent medial branch block worked better than his first injection with 80-85% pain relief that improved his mobility, and he had not been using medication since the procedure as he felt such a decrease in his pain. The injured worker was noted as wanting to proceed with the lumbar radiofrequency ablation to get greater duration of his pain relief. On August 12, 2015, the injured worker was noted to have had his pain returned two weeks prior to pre-injection levels, noting that after the medial branch block he had improved mobility and increased sitting tolerance. The injured worker's work status was noted to be not permanent and stationary, precluded from his usual and customary work, and if modified work unavailable would be on total temporary disability. The treating physician indicates that A lumbar spine MRI dated March 5, 2015 showed posterior broad based disc protrusions at L2-L3, L3-L4, and L4-L5, with diffuse disc desiccation at L5-S1 with posterior broad based disc protrusion measuring 2.5mm without significant stenosis and with mild to moderate left neuroforaminal narrowing. Prior treatments have included intraarticular lumbar facet injections on April 14, 2015 at L5-S1 noted to give about 70% reduction in pain for 2 weeks, lumbar medial branch blocks on June 23, 2015, with 80-85% pain relief, chiropractic

treatments, physical therapy, with the current medications of Ibuprofen and Voltaren gel. The request for authorization dated July 7, 2015, shows that one permanent lumbar facet injection at L5-S1 and an AKA radiofrequency ablation to include each level with fluoroscopic guidance and IV sedation were requested. The original Utilization Review (UR) dated August 18, 2015, non-certified the provider's request for one permanent lumbar facet injection at L5-S1 and a AKA radiofrequency ablation to include each level with fluoroscopic guidance and IV sedation as the injured worker did not meet the guideline criteria for the procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral permanent lumbar facet injection at L5-S1 with fluoroscopic guidance and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections).

Decision rationale: One bilateral permanent lumbar facet injection at L5-S1 with fluoroscopic guidance and sedation is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG state that for facet joint diagnostic blocks 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. The ODG states that facet joint medial branch blocks as therapeutic injections are not recommended as there is minimal evidence for therapeutic facet injections. The request is not medically necessary. There is no documentation of extreme anxiety that would necessitate sedation in this patient. There is no support in the MTUS or the ODG for sedation for this procedure. Therefore, this request is not medically necessary.

Radio-frequency ablation to include each additional level: 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, Radio-frequency (Neurotomy) Ablation.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Facet joint radiofrequency neurotomy and Facet joint diagnostic blocks (injections).

Decision rationale: Radio-frequency ablation to include each additional level is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG states that a radiofrequency ablation treatment requires a diagnosis of facet joint pain using a medial branch block as described and this includes that the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be

given in cases of extreme anxiety. The ODG states that 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. The ODG states that 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. The ODG states that no more than two joint levels are to be performed at one time. The request cannot be certified as medically necessary. The request does not indicate a clear level or quantity of the requested procedure. Additionally, radiofrequency ablations should only be considered in patients with appropriate responses to adequate diagnostic blocks without use of IV sedation which may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety which is not present in this patient per the documentation submitted. The documentation does not reveal that the patient meets the criteria for a radiofrequency ablation therefore this request is not medically necessary.