

Case Number:	CM15-0169962		
Date Assigned:	09/10/2015	Date of Injury:	12/21/1998
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 51-year-old female who sustained an industrial injury on December 21, 1998 resulting in pain in her lower back. Diagnoses have included chronic pain due to trauma, spondylosis with myelopathy of the lumbar region, coccydynia, facet arthropathy, degenerative disc disease lumbar, myalgia and myositis, sacroiliitis, and muscle spasm. Documented treatment for the lower back includes Dilaudid and Toradol injections; medication including Trazodone 50 mg, Percocet 7.5-325 mg, Lidoderm 5 percent patch, Tramadol 5 mg, Morphine ER 30 mg daily, and Soma 350 mg. Medication brings her pain from 10 to 8 out of 10. The physician's note of July 21, 2015 states she has had radiofrequency ablation in the past with 50-60 percent pain relief. The injured worker continues to report "excruciating" low back pain radiating down her bilateral lower extremities. The treating physician's plan of care includes bilateral radiofrequency lumbosacral medial branch block for L3, L4, and L5. This has been denied with the rationale that literature does not exist supporting procedure at the lumbar area improves functionality. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency lumbosacral medial branch block L3, L4, L5 body part: lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. 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 lumbosacral medial branch block L3, L4, L5 body part: lumbar spine, 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 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. Within the documentation available for review, there is no documentation of improvement in VAS scores along with decreased medication use from the last radiofrequency. In the absence of clarity regarding this issue, the currently requested Bilateral radiofrequency lumbosacral medial branch block L3, L4, L5 body part: lumbar spine is not medically necessary.