

Case Number:	CM15-0185795		
Date Assigned:	09/28/2015	Date of Injury:	07/13/2012
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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 59 year old male, who sustained an industrial injury on July 13, 2012. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, lumbago, myalgia and myositis, encounter for therapeutic drug monitoring and chronic pain syndrome. Treatment to date has included diagnostic studies, medial branch block of the lumbar spine, lumbar facet joint injection (June 3, 2015), medications and work restrictions. His status was noted as totally temporarily disabled. Evaluation on July 23, 2015, revealed continued pain in the low back radiating to the right lower extremity. He rated his pain at 3 on a 1-10 scale with 10 being the worst. It was noted the pain had decreased since the last visit. Evaluation on August 20, 2015, revealed lower back pain radiating to the right lower extremity. He rated his pain at 4 on a 1-10 scale with 10 being the worst characterized as stabbing, aching, dull and sharp. His last medial branch block (MBB) and facet joint injection was June 3, 2015. It was noted he reported 80% relief at his last visit in July. It was noted he wished to proceed with radiofrequency ablation secondary to "less side effects, less chemicals, and 80% relief with facet joint injection". A TENS unit, physical therapy and a home exercise plan were also recommended. The RFA included a request for Radiofrequency ablation L3, L4, L5, & S1 and was non-certified on the utilization review (UR) on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation L3, L4, L5, & S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, Follow-up Visits, Special Studies, Surgical Considerations. 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 Radiofrequency ablation L3, L4, L5, & S1, 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. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. They go on to state no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 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. Within the documentation available for review, the requesting physician has performed medial branch blocks with documentation of 80% reduction in pain. Unfortunately, there is no documentation of objective functional improvement as a result of those medial branch blocks and no activity logs to support subjective reports of better pain control. Finally, multiple medical reports indicate that the patient has subjective complaints and objective findings of radiculopathy, and guidelines recommend against facet radiofrequency procedures in the presence of ongoing radicular issues. It is noted in the appeal note that the patient does not have radicular pain and normal neurological exam however the note just 2 weeks before it had a very different conclusion, as did multiple notes in the patients past by the same physician and this has not been clarified as to the sudden change in physical exam findings and thoughts of doing epidural steroid injections to treat the patients pain as suggested in the August 2015 note and abnormal sensory exam last noted in May 2015 and abnormal motor exam last noted in June 2015. In the absence of clarity regarding his issues, the currently requested Radiofrequency ablation L3, L4, L5, & S1 is not medically necessary.