

Case Number:	CM15-0196854		
Date Assigned:	10/12/2015	Date of Injury:	02/04/2002
Decision Date:	12/03/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 70 year old female with a date of injury on 02-04-2002. The injured worker is undergoing treatment for disc degeneration L5-S1, intermittent right leg radiculopathy, T6-L1 disc degeneration, cervical spondylosis, cervicgia. L4-S1 arthropathy and lateral recess stenosis and foraminal stenosis at L5-S1. A physician note dated 06-24-2015 documents she has pain in her low back. She finds she gets relief from her Gabapentin and Dilaudid. She rarely takes the Dilaudid. She fell 3 weeks ago and has exacerbated her lumbar pain. She had x rays done and a sacrum fracture was found. After that, she has some numbness and weakness of the right lower extremity. A physician progress note dated 08-20-2015 documents the injured worker has complaints of chronic low back pain. She had facet blocks in February of 2015, she did not fill out a pain journal, and the diagnostic tests were inconclusive. However, she has significant improvement thereafter for a couple of months, to the point where she was able to wean off her pain medications totally and was able to increase her functional capacities. Treatment to date has included diagnostic studies, medications, and facet blocks in February of 2015. A Magnetic Resonance Imaging of the lumbar spine done on 08-11-2015 revealed moderate to moderately severe facet arthropathy at L4-5, L5-S1 and L3-4. There is mild to moderate central stenosis at L4-5. A urine drug screen was done on 09-11-2015. The treatment request is for a radiofrequency ablation at L3 to S1 bilaterally, a GI consultation, chiropractic sessions 2 x a week for 3 weeks, acupuncture 2 x a week for 3 weeks, and a follow up in 4-6 weeks. On 09-27-2015, Utilization Review modified the request for One (1) radiofrequency ablation at L3-S1 bilaterally to radiofrequency ablation at 2 levels (3 nerve levels) bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) radiofrequency ablation at L3-S1 bilaterally: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, radiofrequency ablation.

Decision rationale: This claimant was injured in 2002, but recently fell and exacerbated her lumbar pain with a sacral fracture. She had facet blocks in February of 2015, but she did not fill out a pain journal and the diagnostic tests were inconclusive. There was subjective improvement reported, but no objective functional quantification of such. Subjectively, it is reported she was able to wean off her pain medications totally and was able to increase her functional capacities. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding facet joint radiofrequency ablation, the ODG guides note: Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of facet joint radiofrequency neurotomy: (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. In this case, although there has been reported benefit in the past, the percent improvement is not provided. In addition, there is lack of clarity in the request as to if three nerve levels will be addressed. Further, per the evidence-based guides, the efficacy is still under study. There is no documented improvement in VAS score, specifics in regards to how exactly the function improved. In addition, just two nerve levels should be treated under ODG criteria. The request is not medically necessary.