

Case Number:	CM15-0201679		
Date Assigned:	10/16/2015	Date of Injury:	11/19/2010
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Washington, 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:

This is a 61-year-old male with a date of an industrial injury of 11-19-2010. The medical records indicated the injured worker (IW) was treated for L4-5 and L5-S1 disc degeneration and facet arthropathy. Comorbid conditions include obesity (BMI 40.1). Treatment has included chiropractic therapy, facet block, and medication. In the progress notes dated 9-8-15, the IW reported 50% improvement in his low back pain after L4-5 and L5-S1 facet blocks. The record did not indicate the date the facet blocks were given but they were approved and ready to be scheduled by the 8-25-15 provider visit. On 9-8-15 and 8-25-15, he rated his daily low back pain 7 to 8 out of 10. The pain made it difficult to walk, stand, sit, recline and sleep. Medications included Robaxin, Tramadol and Prednisone. On examination (8-25-15 and 9-8-15 notes), heel-toe walking was performed without signs of weakness. Tenderness was absent to the paraspinal muscles, sciatic notches, sacroiliac joints, flanks and coccyx. Sensation was intact to the bilateral lower extremities. Reflexes were trace at the knees and absent at the ankles. Lumbar pain was increased with extension and lateral bending and improved with forward flexion. A Request for Authorization dated 9-8-15 was received for bilateral L4-5, L5-S1 medial branch radiofrequency ablation. The Utilization Review on 9-24-15 non-certified the request for bilateral L4-5, L5-S1 medial branch radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 medial branch radio frequency ablation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. 2) Schofferman J1, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. *Spine (Phila Pa 1976)*. 2004 Nov 1;29(21):2471-3.

Decision rationale: Radiofrequency ablation (RFA) is a diagnostic and/or therapeutic procedure, which uses radio waves to generate heat in specifically targeted nerves to temporarily interfere with their ability to transmit pain signals. The procedure is recommended to temporarily reduce chronic pain in the lower back that has not been adequately relieved by other means, such as medications or physical therapy. The MTUS does not specifically comment on RFA therapy. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. According to the American Society of Interventional Pain Physicians, the evidence for therapeutic RFA is good in managing lumbar facet joint generated pain. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 6 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The crux of the decision to repeating this treatment would be based on the expected long-term benefit. Evidence-based data suggests repeating this procedure does result in better long-term control of low back pain. With improved pain control, rehabilitative treatments, such as the chiropractic therapy ordered by this patient's provider, will theoretically have a better effect. This patient does have evidence of lumbar facet joint mediated pain and had a good effect from her prior diagnostic facet injection treatment, so similar, if not better, control of her pain would be expected from a RFA procedure. The request is medically necessary.