

Case Number:	CM15-0201929		
Date Assigned:	10/16/2015	Date of Injury:	03/17/2010
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, Pain
Management

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 56-year-old male who sustained an industrial injury on 3-17-2010 and has been treated for low back pain with the left side being worse. Diagnoses are lumbar facet syndrome, lumbar spondylosis from L1-5, and degenerative grade 1 anterolisthesis of L5 -S1. He is also being treated for right knee and hip pain. On 8-5-2015 the injured worker reported low back pain "coming back for the last few weeks," including some radiating symptoms on the left down to his ankle. 8-26-2015, the injured worker continued to report pain, and the physician's objective examination revealed decreased lumbar range of motion, muscle spasm, and tenderness to palpation. Pain increased with extension, and he had a positive facet loading maneuver on the left. Sensation was noted to be intact. Documented treatment includes two medial branch blocks "in the past" with temporary relief, radiofrequency ablation of L4-5 and L5-S1 bilaterally 5-19- 2014 with "significant improvement" in his back lasting for six months , and he is being treated with Tramadol. The treating physician's plan of care includes outpatient radiofrequency ablation procedure; left L4-5 medial branch blocks. This was denied on 9-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Radiofrequency Ablation Procedure Left L4 and L5 Medial Branches:
Overturned

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: Per MTUS ACOEM, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Per ODG with regard to facet joint radiofrequency neurotomy: "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (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. Per the medical records submitted for review, the injured worker previously underwent bilateral radiofrequency ablation of the L4-L5, L5-S1 medial branches 5/19/14 with significant improvement in his local back pain, which lasted for about six months. I respectfully disagree with the UR physician's assertion that the documentation does not support repeat neurotomy. The request is medically necessary.