

Case Number:	CM15-0206947		
Date Assigned:	10/23/2015	Date of Injury:	02/03/2009
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 02-03-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbosacral spondylosis and chronic radiating low back pain. Medical records (04-22-2015 to 09-02-2015) indicate ongoing low back pain. Pain levels were rated 4-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with light duty. The physical exam of the lumbar spine, dated 09-02-2015, revealed no pain with heel and toe ambulation, pain stiffness and tightness at the L4-L5, positive straight leg raises, painful and restricted range of motion, decreased sensation in the L5 distribution, and weakness in the hip flexors, and knee flexors, extensor and extensor hallucis longus. Relevant treatments have included a right l4-L5 microdiscectomy (2009), physical therapy (PT), 3 previous CT guided radio-frequency ablations (RFA) with "good relief" with the last one lasting 2.5 months, work restrictions, and pain medications. The treating physician indicates that x-rays of the lumbar spine (06-2015) showed mild facet arthropathy, multilevel disc height loss and trace retrolisthesis. The request for authorization (09-19-2015) shows that the following procedure was requested: a repeat CT guided RFA of the medial branches of the dorsal rami innervating the L3-L4, L4-L5, and L5-S1 facet joint bilaterally. The original utilization review (09-23-2015) non-certified the request for a repeat CT guided RFA of the medial branches of the dorsal rami innervating the L3-L4, L4-L5, and L5-S1 facet joint bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat CT guided radio-frequency ablation of the medical branches of the dorsal rami innervating the L3-L4, L4-L5, and L5-S1 facet joint bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic Chapter, Facet Joint Radio-frequency Neurotomy.

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 - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The current request is for Repeat CT guided radio-frequency ablation of the medical branches of the dorsal rami innervating the L3-L4, L4-L5, and L5-S1 facet joint bilaterally. Treatment history include right L4-L5 microdisectomy (2009), physical therapy, CT guided radio-frequency ablations (RFA), work restrictions, and pain medications. The patient has returned to light duty. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: 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. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Per report 09/02/15, the patient presents with ongoing low back pain. Physical exam of the lumbar spine revealed stiffness and tightness, positive straight leg raise, painful and restricted range of motion, decreased sensation in the L5 distribution. On 10/31/14, the patient had a CT guided radio-frequency ablations (RFA). The treater states that the patient had "good relief" that lasted 2.5 months. This is a request for a repeat RFA. In this case, significant pain relief or change in function with the prior injection is not documented. For a repeat RFA, the ODG guidelines require 50% or more of pain improvement for at least 12 weeks, medication reduction and functional improvement. In addition, ODG states that no more than 2 levels are to be injected at one time. The current request is for L3-L4, L4-L5, and L5-S1 facet joints. The patient does not meet the criteria for a repeat injection. Therefore, the request is not medically necessary.