

Case Number:	CM15-0206979		
Date Assigned:	10/23/2015	Date of Injury:	05/04/2001
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 57-year-old male who sustained an industrial injury on 5-4-2001 and has been treated for lumbosacral spondylosis without myelopathy, lumbar facet dysfunction, lumbar HNP, and chronic pain syndrome. A diagnostic MRI dated 8-13-2009 showed "no evidence of lumbar central stenosis, but revealed multi-level disc bulges at L1-L2 through L5-S1, and bilateral foraminal narrowing L2-S1. On 9-1-2015 the injured worker was reporting low back pain radiating into the right leg to the knee and right testicle, and left leg to the knee. Pain was characterized as aching, sharp, stabbing, burning, tingling, and numbness, and was rated at 5-6 out of 10 "on average." He reported that the previous month it had reached 7-8 out of 10 and had been interfering with daily activities. Pain was noted to be present 100 percent of the time, and made worse with movements and positioning, as well as walking and standing. Objective examination revealed L4-S1 tenderness greater on the right, no subluxations, flexion to mid-shin with extension of 5 degrees, and negative straight leg raise bilaterally. He had a normal gait and was able to stand "without difficulty." Documented treatment includes use of a TENS unit, injections, bracing, physical therapy, stretching and home exercise, and medication for pain, muscle relaxers, Lidocaine patches, and anti-inflammatory medication. He reported some relief from medication and the TENS treatment, but therapy and exercise has been ineffective. The physician's plan of care includes a facet denervation with fluoroscopy T14-15, and level L5-S1. The 9-1-2015 note states that if the result is positive, then radiofrequency neurolysis "will be considered." This request was denied on 9-23-2015. The injured worker is presently not working but it is stated that he has a goal of returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) facet denervation with fluoroscopy T 14-15 AND ADD LEVEL 15-s1: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Radiofrequency Neurotomy, Criteria for use of facet joint radiofrequency neurotomy. Online edition 2015.

Decision rationale: 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. Regarding this patient's case, he has had two prior radiofrequency ablation procedures (facet denervation with fluoroscopy.) The first procedure was performed in May 2013, and provided 90% pain relief for 6 months. The second procedure was performed in February 2014, and only provided 60% pain relief for one-two months. ODG guidelines state that "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)." In this patient's case, his last ablation procedure did not provided sustained pain relief for 6 months nor >50% pain relief for at least 12 weeks. Likewise, this request is not considered medically necessary.