MAXIMUS Federal Services

Case Number:	CM15-0208535		
Date Assigned:	10/27/2015	Date of Injury:	04/17/2013
Decision Date:	12/15/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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 53 year old male who sustained an industrial injury on 04-17-2013. According to a progress report dated 09-15-2015, low back pain seemed to be increasing daily and becoming more intensified in the middle lower back region. Current pain level was rated 6 on a scale of 1-10 and was described as an intense aching and stabbing pain generalized in the lower middle back. Treatment to date has included physical therapy, massage therapy, chiropractic treatment, medications and medial branch blocks with 50% reduction in pain (noted in 06-24-2015 progress report). MRI of the lumbar spine performed in January 2015 demonstrated L4-5: progression of multifactorial changes now with a 7 mm central disc protrusion which has developed and overall there was now moderate central canal stenosis, right greater than left lateral recess stenosis and progression of neural foraminal stenosis. Slight progression of multifactorial changes at L3-4 now with right lateral recess stenosis, slight progression of neural foraminal stenosis and re-demonstration of contact to the right exiting L3 nerve. L2-3: contact to the right exiting L2 was again noted. Diagnoses included lumbosacral spondylosis without myelopathy. The treatment plan included Gabapentin, right L4-5, L5-S1 radiofrequency ablation under fluoroscopic guidance followed by left L4-5, L5-S1 radiofrequency ablation under fluoroscopic guidance. On 09-22-2015, Utilization Review non-certified the request for right L4-5, L5-S1 radiofrequency ablation under fluoroscopic guidance followed by left L4-5, L5-S1 radiofrequency ablation under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4/5 L5/S1 radiofrequency ablation under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic Chapter (Online Version) Facet Joint Radiofrequency neurotomy, Facet Joint Diagnostic Blocks (injections), Facet Joint Intra-Articular Injections (therapeutic blocks), Facet Joint Medial Branch Blocks (therapeutic injections), Facet Joint Pain, signs & symptoms.

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 progress report dated 7/22/15, the injured worker was status post bilateral L4, L5, S1 medial branch blocks, which were about 20% effective for 3 days. As the guidelines for diagnostic blocks call for greater than 70% response for at least 2 hours, the criteria is not met. The request is not medically necessary.

Left L4/5 L5/S1 radiofrequency ablation under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic Chapter (Online Version) Facet Joint Radiofrequency neurotomy, Facet Joint Diagnostic Blocks (injections), Facet Joint Intra-

Articular Injections (therapeutic blocks), Facet Joint Medial Branch Blocks (therapeutic injections), Facet Joint Pain, signs & symptoms.

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 progress report dated 7/22/15, the injured worker was status post bilateral L4, L5, S1 medial branch blocks, which were about 20% effective for 3 days. As the guidelines for diagnostic blocks call for greater than 70% response for at least 2 hours, the criteria is not met. The request is not medically necessary.