

Case Number:	CM15-0021525		
Date Assigned:	02/11/2015	Date of Injury:	05/15/2003
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 5/15/03. He has reported back pain. The diagnoses have included lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, back pain, backache, cervicgia and lumbar radiculopathy. Treatment to date has included oral medications, intramuscular pain injections, lumbar surgery, chiropractic treatment , radiofrequency ablations at L2-3 and L3-4 and physical therapy. Currently, the injured worker complains of throbbing back, unchanged from prior visit. On physical exam dated 1/6/15, the injured worker stated the pain is relieved with medications. Severe tenderness is noted on palpation of left sciatic notch and right sciatic notch. On 1/21/15 Utilization Review non-certified Radiofrequency ablation bilateral L2-3 and L3-4, noting a repeat RFA is only warranted if there is 50% in pain relief and functionality for at least 12 weeks. The MTUS, ACOEM Guidelines, was cited. On 2/2/14, the injured worker submitted an application for IMR for review of Radiofrequency ablation bilateral L2-3 and L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation bilateral L2/3: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG-Low Back:Facet joint radiofrequency neurotomy

Decision rationale: Radiofrequency ablation bilateral L2/3 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that 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. The 11/20/14 progress note states that the patient received 6 weeks of pain relief from his prior RFA procedure. Per documentation a 12/2013 document states that the patient felt the RFA (radiofrequency ablation had worn off.) This does not satisfy the ODG requirements for repeat radiofrequency ablations needing 12 weeks of pain relief post injection. The request for radiofrequency ablation bilateral L2/3 is not medically necessary.

Radiofrequency ablation bilateral L3/4: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG-Low Back:Facet joint radiofrequency neurotomy

Decision rationale: Radiofrequency ablation bilateral L3/4 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that 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. The 11/20/14 progress note states that the patient received 6 weeks of pain relief from his prior RFA procedure. Per documentation a 12/2013 document states that the patient felt the RFA (radiofrequency ablation had worn off.) This does not satisfy the ODG requirements for repeat radiofrequency ablations needing 12 weeks of pain relief post injection. The request for radiofrequency ablation bilateral L3/4 is not medically necessary.