

Case Number:	CM15-0212606		
Date Assigned:	11/02/2015	Date of Injury:	05/10/2011
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/28/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female with an industrial injury dated 05-10-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar disc degeneration, myofascial pain syndrome, and cervical, thoracic or lumbar facet arthropathy. In a progress report dated 07-20-2015, the injured worker reported pain in the tailbone, towards left hip, back, and tingling in feet. The injured worker rated pain 8 out of 10 with medication and a 10 out of 10 without medication. Lumbar spine exam (07-20-2015) revealed tenderness at lumbar spine and facet joint, decreased range of motion, tender left sacroiliac (SI) joint, positive Patrick's test on the left, and left tenderness to palpitation at greater trochanter. According to a more recent progress note dated 08-21-2015, the injured worker reported low back pain. The injured worker reported that most of the pain is on the left low back area. The injured worker reported that the medications help but she recently has had an increase in pain. The injured worker also noted more pain with extension. The injured worker is able to accomplish all activities of daily living. Pain level was 8 out of 10 on a visual analog scale (VAS) with medication. Current Medication includes Relafen, Norco, and Sonata. Objective findings (08-21-2015) revealed tenderness of the lumbar spine and facet joints, crepitus, and decreased lumbar range of motion. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The injured worker remains off work. The utilization review dated 09-30-2015, non-certified the request for left side lumbar medial branch blocks L3- S1 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side lumbar medial branch blocks L3-S1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections).

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: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 8/21/15 demonstrating this formal plan has been contemplated or initiated. Per ODG: "Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints." The guidelines continue to state: 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. In this case the patient does not meet ODG criteria for facet joint radiofrequency neurotomy because no more than two joint levels are to be performed at one time. Therefore the request is not medically necessary.