

Case Number:	CM15-0218120		
Date Assigned:	11/10/2015	Date of Injury:	10/03/2002
Decision Date:	12/28/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old, female who sustained a work related injury on 10-3-02. A review of the medical records shows she is being treated for neck, bilateral arm, low back, and left leg stump pain. In the progress notes dated 7-14-15 and 10-21-15, the injured worker reports neck and bilateral arm pain, left greater than right. She rates this pain a 7-8 out of 10. She reports left stump pain, shooting posterior thigh pain. She rates this pain level a 4 out of 10. This pain is made worse with use of her prosthesis. She reports low back pain. She rates this pain a 5 out of 10. Upon physical exam dated 10-21-15, her back pain increases with lumbar extension. Her stump pain increases with manipulation and palpation. Treatments have included left above the knee amputation, use of crutches, aqua therapy, radiofrequency ablation at L4/5-L5/S1, and medication. Current medications include Morphine Sulfate. No notation on working status. The treatment plan includes requests for continuing Morphine and therapy with prosthetic leg and radiofrequency of lumbar spine medial branches. The Request for Authorization dated 10-21-15 has requests for radiofrequency of lumbar spine medial branches and to continue with Morphine and therapy. In the Utilization Review dated 10-29-15, the requested treatment of radiofrequency of the lumbar medial branches is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency of the lumbar medial branches: 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 (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy under study.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Physical Examination, General Approach, Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for Radiofrequency of the lumbar medial branches, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70 percent, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 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. Within the documentation available for review, there is no documentation of objective functional improvement, decreased medication use or improvement in VAS score as a result of the medial branch blocks or prior radiofrequency ablation. Furthermore, there is no indication as to how the blocks were done, and whether sedative medication or opiate pain medication was provided during the injections. Additionally, the current request for lumbar medial branches exceeds the maximum number recommended by guidelines. In the absence of clarity regarding his issues, the currently requested Radiofrequency of the lumbar medial branches is not medically necessary.