

Case Number:	CM15-0219195		
Date Assigned:	11/12/2015	Date of Injury:	03/20/1999
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: New Jersey
 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 62 year old female, who sustained an industrial injury on 3-20-99. The injured worker was being treated for lumbar facet syndrome. On 9-16-15, the injured worker complains of pain in neck with radiating to right upper extremity associated with tingling and numbness as well as a sense of weakness. She notes pain is improved with medications and rest as well as ablation of the medial branch nerves in cervical spine. She rates the pain 4-8 out of 10. She also notes her hand pain has worsened. Physical exam performed on 9-16-15 revealed tenderness to palpation of cervicothoracic musculature bilaterally, paravertebral tenderness to palpation adjacent to the cervical facet joints bilaterally and paraspinal musculature, cervical facet loading bilaterally reproduces baseline pain and cervical range of motion is noted to be reduced. Treatment to date has included physical therapy, acupuncture, oral medications including Percocet 10-325mg and injection management (which she felt was helpful). On 9-16-15 request for authorization was submitted for radiofrequency ablation of medial branch nerves bilateral L4-5 and L5-S1. On 10-9-15 request for radiofrequency ablation of medial branch nerves bilateral L4-5 and L5-S1 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 radiofrequency ablation/medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet joint radiofrequency neurotomy.

MAXIMUS 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 section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this worker, there was a request for lumbar facet ablation with the written justification that she had had this procedure in the lumbar spine previously with significant benefit. The previous reviewer denied this request due to lack of supportive information found in the notes from when this took place to back up this report. Upon review of the provided notes, I also did not find any supportive documents of this lumbar procedure and follow-up reports on how effective it was. There were only reports on a cervical ablation procedure having taken place, but no lumbar facet ablation procedure, according to the notes provided. Therefore, without this important documentation, the medical necessity of this request cannot be decided with certainty, and without a recent facet joint block with success, this request is not medically necessary at this time.

Bilateral L5-S1 radiofrequency ablation/medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet joint radiofrequency neurotomy.

MAXIMUS 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 section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this worker, there was a

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