

Case Number:	CM15-0219215		
Date Assigned:	11/12/2015	Date of Injury:	01/20/2014
Decision Date:	12/22/2015	UR Denial Date:	10/22/2015
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: 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 44-year-old female, who sustained an industrial injury on 1-20-2014. A review of the medical records indicates that the injured worker is undergoing treatment for musculoligamentous strain of the cervical spine, right shoulder impingement syndrome with strain, lumbalgia, herniated nucleus pulposus (HNP), coccygodynia-lumbar facet arthropathy, and musculoligamentous strain of the lumbosacral spine with changes on the MRI and tear of the annulus at L4-L5. On 10-8-2015, the injured worker reported constant minimal to slight right shoulder pain, lumbosacral spine constant slight pain with radiation down the right hip and buttock and intermittent cervical spine pain. The Orthopedic Physician's report dated 10-8-2015, noted the objective findings showed tenderness to palpation of the paraspinal muscles of the lumbosacral spine and right SI joint and decreased range of motion (ROM) of the lumbosacral spine with the Physician noting the injured worker may benefit from epidural steroid injections (ESIs). On 9-28-2015, the injured worker was noted to have no reported current medications with the injured worker reporting pain in the shoulder and low back, rating her pain at least 6 and at worse 8. Prior treatments and examinations have included lumbar epidural steroid injection (ESI) without pain relief, a 9-2-2015 x-ray of the lumbosacral spine with degenerative changes at L5-S1 with disc space narrowing and anterior osteophytes, at least 6 sessions of acupuncture, at least 10 sessions of chiropractic treatments, physical therapy, Mobic, and Tramadol. The request for authorization was noted to have requested a right L4-L5 medial branch block Qty: 1 and a left L4-L5 medial branch block Qty: 1. The Utilization Review (UR) dated 10-22-2015 denied the requests for a right L4-L5 medial branch block Qty: 1 and a left L4-L5 medial branch block Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 medial branch block Qty :1: Upheld

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

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 radio frequency 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 10/8/15 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 there is no evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, procedure is not medically necessary and the determination is for non-certification.

Left L4-L5 medial branch block Qty: 1: Upheld

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

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 10/8/15 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 there is no evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, procedure is not medically necessary and the determination is for non-certification.