

Case Number:	CM15-0223615		
Date Assigned:	11/19/2015	Date of Injury:	06/04/2015
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male injured worker suffered an industrial injury on 6-4-2015. The diagnoses included lumbar radiculopathy, lumbar facet arthropathy, lumbosacral spondylosis, lumbar spinal stenosis and chronic low back pain. On 8-21-2015 the provider noted the injured worker reported "I have still burning going into the leg". The provider noted the injured worker had low back pain with radiation down the right thigh, which was constant. The provider noted he may benefit from a lumbar epidural steroid injection at the L3-4 level since the radicular pain appeared to be related to the level just above this based on present ration and consistent with the MRI. In addition, he may also benefit from medical branch nerve block with subsequent radiofrequency ablation as he appeared to have significant axial low back pain related to facetogenic disease base again on presentation and MRI findings. On 10-20-2015, the provider reported on 9-29-2015 the injured worker had a lumbar epidural steroid injection. The injured worker noted "the shot did not work. I am still the same." The pain was rated 7 out of 10 that was constant. On exam, there was an altered gait, limited range of motion with pain with tenderness to the lumbar spine. Medication in use was Motrin. Prior treatments included 6 sessions of physical therapy. Diagnostics included 6-24-2015 lumbar MRI. Request for Authorization date 10-28-2015. Utilization Review on 11-3-2015 determined non-certification for Medial branch nerve block with radiofrequency ablation L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block with radiofrequency ablation L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

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 Chapter, under Facet joint radiofrequency neurotomy, Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents on 10/20/15 with lower back pain rated 7/10. The patient's date of injury is 06/04/15. Patient is status post lumbar ESI on 09/29/15. The request is for Medial branch nerve block with radiofrequency ablation L4-5. The RFA is dated 10/28/15. Physical examination dated 10/20/15 reveals an antalgic gait, tenderness to palpation of the lumbar spine at L3 through S1 levels. Patient is currently advised to return to modified duties ASAP. Official Disability Guidelines, Low Back Chapter, under Facet joint radiofrequency neurotomy has the following: 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. 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. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment a procedure that is still considered "under study." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found

better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In regard to the request for an RF ablation procedure directed at the L4-L5 level, the patient does not meet guideline criteria. Per progress note dated 10/20/15, the provider indicates that this patient underwent a lumbar ESI for lumbar radiculopathy on 09/29/15 with poor resolution of his symptoms. The documentation is somewhat conflicting regarding whether or not this patient's pain is radicular or facet mediated, with subjective complains of radicular pain with a burning sensation in progress note dated 08/21/15, and a formal diagnosis of lumbar radiculopathy in several progress notes. Additionally, this patient does not appear to have undergone diagnostic medial branch blocks, which are required prior to consideration of RF ablation procedures. Given the suggestion that this patient's pain is radicular in nature, the lack of diagnostic medial branch blocks prior to RF ablation, the request as written cannot be substantiated. Therefore, the request is not medically necessary.