

Case Number:	CM15-0223910		
Date Assigned:	11/20/2015	Date of Injury:	01/20/2005
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
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, 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 67 year old male, who sustained an industrial injury on 1-20-05. Medical records indicate that the injured worker is undergoing treatment for lumbar intervertebral disc displacement, lumbago with sciatica on the right side, lumbago with sciatica on the left side and other lumbar region dorsopathies. The injured worker is currently permanently disabled. On (10-13-15) the injured worker complained of low back pain. Examination of the lumbar spine revealed spasms, guarding and reproducible lumbar spine pain with extension and rotation of the lumbar spine bilaterally. Sensation to light touch and pinprick was intact in the lower extremities. A straight leg raise test was negative. Treatment and evaluation to date has included medications, MRI of the lumbar spine, electromyography-nerve conduction velocity and radiofrequency facet injections. The MRI of the lumbar spine (7-17-15) showed a broad-based bulge at lumbar three- lumbar four, lumbar four-lumbar five and lumbar five-sacral one in conjunction with facet hypertrophy and ligament flava laxity, produces mild central canal narrowing and mild to moderate bilateral neural foraminal narrowing. A progress report dated 8-31-15 notes that the injured worker was status-post lumbar transformational epidural steroid injections on 6-2-15 and did not have pain relief within a few days, but did start to have benefit 3-4 weeks later and continued to have pain relief at the present time. Current medications include Thermacare back wrap, Flector patch, Relpax, Topamax and Levocetirizine. The current treatment request is for a bilateral permanent lumbar facet injection L3-L4, L4-L5, and L5-S1, AKA radiofrequency ablation each addition level with fluoroscopic guidance and intravenous sedation. The Utilization Review documentation dated 10-16-15 non-certified the request for a

bilateral permanent lumbar facet injection L3-L4, L4-L5, and L5-S1, AKA radiofrequency ablation each addition level with fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent lumbar facet injection L3-L4, L4-L5, and L5-S1 AKA radiofrequency ablation each addition level with fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 8/31/15 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 years 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 procedure is not medically necessary and the determination is for non-certification.