MAXIMUS Federal Services

Case Number:	CM15-0042297		
Date Assigned:	03/12/2015	Date of Injury:	05/21/2009
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 5/21/09. He reported pain in the low back and hips. The injured worker was diagnosed as having right piriformis syndrome and bilateral lumbar facet pain. Treatment to date has included pain medications, lumbar radiofrequencies and piriformis injections. As of the PR2 dated 2/10/15, the injured worker reports pain in the low back and right leg. His last radiofrequency was performed in June bilaterally and provided 80% relief of his low back pain for 7 months. The treating physician is requesting to repeat the lumbar radiofrequency procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 bilateral lumbar radiofrequency at 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) Low Back.

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 section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, 2 bilateral lumbar radiofrequency at L4 - L5 is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat and robberies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time; there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the injured worker's working diagnoses are rule out bilateral lumbar facet mediated pain; and piriformis syndrome. The injured worker has had multiple facet joint radiofrequency rhizotomies. The inclusive dates are June 13, 2011; July 18, 2011; September 21, 2011; March 19, 2012; July 21, 2012: and June 9, 2014. The treating physician indicates an 80% improvement for seven months. The injured worker is not receiving concurrent physical therapy. The injured worker is engaged in a home exercise program. Utilization review indicates an agreed-upon medical examination (AME) states one-radiofrequency ablation per year is indicated. The medical record contains 43 pages. There is no AME contained in the medical record. A formal plan of additional evidence-based conservative care is one of the criterion for radiofrequency ablation. The documentation does not contain evidence of a formal plan of evidence-based conservative care in addition to facet joint therapy. Consequently, absent clinical documentation with a formal plan of additional evidence-based conservative care (a criterion for radiofrequency ablation), 2 bilateral lumbar radiofrequency at L4 - L5 is not medically necessary.

2 additional level L5-S1: 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) Low Back.

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 section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, facet joint radiofrequency rhizotomy at additional levels L5 - S1 is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a

diagnosis of facet joint pain using a medial branch block; while repeat and robberies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time; there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the injured worker's working diagnoses are rule out bilateral lumbar facet mediated pain; and piriformis syndrome. The injured worker has had multiple facet joint radiofrequency rhizotomies. The inclusive dates are June 13, 2011; July 18, 2011; September 21, 2011; March 19, 2012; July 21, 2012: and June 9, 2014. The treating physician indicates an 80% improvement for seven months. The injured worker is not receiving concurrent physical therapy. The injured worker is engaged in a home exercise program. Utilization review indicates an agreed-upon medical examination (AME) states one radiofrequency ablation per year is indicated. The documentation contains a 43 page medical records. There is no AME contained in the medical record. A formal plan of additional evidence-based conservative care is one of the criterion for radiofrequency ablation. The documentation does not contain evidence of a formal plan of evidence-based conservative care in addition to facet joint therapy. Consequently, absent clinical documentation with a formal plan of additional evidence-based conservative care (a criterion for radiofrequency ablation), facet joint radiofrequency rhizotomy at additional levels L5 - S1 is not medically necessary.

Fluoroscopy: 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 section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, fluoroscopy for facet joint radiofrequency rhizotomy is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat and robberies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels

are to be performed at one time; there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the injured worker's working diagnoses are rule out bilateral lumbar facet mediated pain; and piriformis syndrome. The injured worker has had multiple facet joint radiofrequency rhizotomies. The inclusive dates are June 13, 2011; July 18, 2011; September 21, 2011; March 19, 2012; July 21, 2012: and June 9, 2014. The treating physician indicates an 80% improvement for seven months. The injured worker is not receiving concurrent physical therapy. The injured worker is engaged in a home exercise program. Utilization review indicates an agreed-upon medical examination (AME) states one radiofrequency ablation per year is indicated. The documentation contains a 43 page medical records. There is no AME contained in the medical record. A formal plan of additional evidence-based conservative care is one of the criterion for radiofrequency ablation. The documentation does not contain evidence of a formal plan of evidence-based conservative care in addition to facet joint therapy. Consequently, absent clinical documentation with a formal plan of additional evidence-based conservative care (a criterion for radiofrequency ablation), fluoroscopy for facet joint radiofrequency rhizotomy is not medically necessary.