

Case Number:	CM15-0044668		
Date Assigned:	03/16/2015	Date of Injury:	05/07/2013
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 5/7/2013. He reported repetitive work as a firefighter and an upper back injury. The injured worker was diagnosed as having a thoracic compression fracture and thoracic pain. Treatment to date has included thoracic facet nerve block, acupuncture, TENS (transcutaneous electrical nerve stimulation), home exercise program and medication management. Currently, progress notes from the treating provider dated 11/24/2014 and 1/23/2015 indicates the injured worker reported mid and lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T7 Facet Radio frequency Ablation quantity 1.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, and Back, under Facet Injections and Radiofrequency Ablation.

Decision rationale: The claimant had a previous facet injection, and the official outcome was about 50% relief for 6-7 hours, with some relief 2-3 days later. It is noted the claimant says the relief was more in his letter of appeal, but there was no more quantification than that. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Regarding facet joint radiofrequency ablation, the ODG guides note: 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. In this case, the official outcome was about 50% relief, which falls 20% below what the evidence-based guides say is a successful outcome. Therefore, criteria are not met to proceed on to ablation. The request was appropriately non-certified and is not medically necessary.

Left T7 Facet Radio frequency Ablation quantity 1.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Neck and Back, under Facet injections, and Radiofrequency Ablation.

Decision rationale: As mentioned earlier, the claimant had a previous facet injection, and the official outcome was about 50% relief for 6-7 hours, with some relief 2-3 days later. It is noted the claimant says the relief was more in his letter of appeal, but there was no more quantification than that. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Regarding facet joint radiofrequency ablation, the ODG guides note: 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. In this case, the official outcome was about 50% relief, which falls 20% below what the evidence-based guides say is a successful outcome. Therefore, criteria are not met to proceed on to ablation. The request was appropriately non-certified and is not medically necessary.

Right T8 Facet Radio frequency Ablation quantity 1.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, under Facet Injections, and Radiofrequency Ablation.

Decision rationale: The claimant had a previous facet injection, and the official outcome was about 50% relief for 6-7 hours, with some relief 2-3 days later. It is noted the claimant says the relief was more in his letter of appeal, but there was no more quantification than that. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Regarding facet joint radiofrequency ablation, the ODG guides note: 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. In this case, the official outcome was about 50% relief, which falls 20% below what the evidence-based guides say is a successful outcome. Therefore, criteria are not met to proceed on to ablation. The request was appropriately non-certified and is not medically necessary.

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Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, under Facet Injections, and Radiofrequency Ablation.

Decision rationale: The claimant had a previous facet injection, and the official outcome was about 50% relief for 6-7 hours, with some relief 2-3 days later. It is noted the claimant says the relief was more in his letter of appeal, but there was no more quantification than that. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Regarding facet joint radiofrequency ablation, the ODG guides note: 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. In this case, the official outcome was about 50% relief, which falls 20% below what the evidence-based guides say is a successful outcome. Therefore, criteria are not met to proceed on to ablation. The request was appropriately non-certified and is not medically necessary.

Right T9 Facet Radio frequency Ablation quantity 1.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, under Facet Injections and Radiofrequency Ablation.

Decision rationale: The claimant had a previous facet injection, and the official outcome was about 50% relief for 6-7 hours, with some relief 2-3 days later. It is noted the claimant says the relief was more in his letter of appeal, but there was no more quantification than that. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Regarding facet joint radiofrequency ablation, the ODG guides note: 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. In this case, the official outcome was about 50% relief, which falls 20% below what the evidence-based guides say is a successful outcome. Therefore, criteria are not met to proceed on to ablation. The request was appropriately non-certified and is not medically necessary.

Left T9 Facet Radio frequency Ablation quantity 1.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, and Radiofrequency Ablation.

Decision rationale: The claimant had a previous facet injection, and the official outcome was about 50% relief for 6-7 hours, with some relief 2-3 days later. It is noted the claimant says the relief was more in his letter of appeal, but there was no more quantification than that. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Regarding facet joint radiofrequency ablation, the ODG guides note: 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. In this case, the official outcome was about 50% relief, which falls 20% below what the evidence-based guides say is a successful outcome. Therefore, criteria are not met to proceed on to ablation. The request was appropriately non-certified and is not medically necessary.

