

Case Number:	CM15-0045287		
Date Assigned:	03/17/2015	Date of Injury:	07/19/2010
Decision Date:	04/23/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 30-year-old female, who sustained an industrial injury on 7/19/10. She has reported a back injury. The mechanism of injury was not noted. The diagnoses have included lumbar disc displacement without myelopathy, lumbago and back disorder. Treatment to date has included medications, diagnostics, facet blocks with 75-80 percent relief, physical therapy 12 sessions and acupuncture in the past. The physician progress note dated 11/20/14 noted that physical therapy has not been very beneficial. She was developing left sided pain as well as some radicular symptoms bilaterally. Physical exam revealed mild straight leg raise positive bilaterally and mobility was limited. Currently, as per the physician progress note dated 12/8/14, the injured worker had returned for an office visit 2 weeks after facet block. She has stated extremely good relief and that she feels like a different person but the effect is beginning to wear off. The MRI of the lumbar spine revealed significant facet changes L5-S1 bilaterally. The physician noted that it seemed like she would benefit at this time from bilateral radiofrequency ablation at L5-S1. The request was for authorization of bilateral radiofrequency ablation at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Radiofrequency Ablation at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC low back procedure summary.

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- Radiofrequency Neurotomy, page 40.

Decision rationale: According to the ODG guidelines, facet neurotomies are under study and can be offered on a case basis, the criteria are: (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 claimant had 70% relief from a facet block. The claimant has facet-generated pain. There was a formal plan of care. The procedure will be performed under fluoro. The request above is appropriate and medically necessary.