

Case Number:	CM15-0047530		
Date Assigned:	03/19/2015	Date of Injury:	06/17/2005
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: Minnesota, Florida
 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 65-year-old right-hand-dominant female with the chief complaint of right sacroiliac pain. The date of injury was 6/17/2005. There is a history of chronic low back pain as well as chronic neck pain with some radicular manifestations. There is a history of multiple prior back surgeries. Details have not been submitted. MRI reports are also not available. The neck pain radiates to the right upper extremity. Pain levels of 8-9/10 are reported. She was taking tramadol, Lyrica, baclofen, Celebrex, and Flector patches and PC 5001 cream. The last diagnostic study was a CT scan of the sacroiliac joints dated 5/20/2011 which showed mild osteoarthritic changes of the right sacroiliac joint. The progress notes indicate that she was requesting a right sacroiliac fusion. The operative report from 11/20/2014 indicates bilateral medial branch blocks were performed at L3-4, L4-5, and L5-S1. The preoperative pain score was 9 and the postoperative pain score was 0 suggestive of facet syndrome. The documentation indicates 3 levels were done bilaterally. The primary treating physician's progress report dated January 15, 2015 indicates complaint of neck pain with stiffness and burning in addition to the low back pain. A request for radiofrequency facet ablations at L3-4, L4-5, and L5-S1 levels bilaterally was noncertified by utilization review using California MTUS and ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 L4 L5 Radiofrequency Ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23575561>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation ODG: Section: Low Back. Topic: Facet Joint diagnostic blocks, Facet joint radiofrequency neurotomy.

Decision rationale: The pain management reevaluation/follow-up visit of 2/26/2015 is noted. The injured worker is a 65-year-old right-hand-dominant female with the chief complaint of right sacroiliac pain. She reported her pain was beginning to come back since the previous visit of 12/18/2014. Her last radiofrequency ablation was done in September 2014. The records indicate that she desired to have a sacroiliac joint fusion but was open to another radiofrequency ablation. She was taking tramadol, Lyrica, baclofen, Celebrex, and Flector patches and PC 5001 cream. She reported average pain level of 8-9/10 but also indicated that the medications were working well. The last diagnostic study was a CT scan of the sacroiliac joints dated 5/20/2011 which showed mild osteoarthritic changes of the right sacroiliac joint. The operative report from 11/20/2014 indicates bilateral medial branch blocks were performed at L3-4, L4-5, and L5-S1. The preoperative pain score was 9 and the postoperative pain score was 0 suggestive of facet syndrome. The documentation indicates 3 levels were done bilaterally. The primary treating physician's progress report dated January 15, 2015 indicates complaint of neck pain with stiffness and burning in addition to the low back pain. ODG criteria for diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks is required, limited to patients with low back pain that is nonradicular and no more than 2 levels bilaterally. No more than 2 facet joint levels are injected in 1 session. No more than 0.5 cc of injectate is given to each joint. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward. Opioids should not be given as a sedative during the procedure. The use of IV sedation may be grounds to negate the results of diagnostic block. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The injured worker underwent medial branch blocks at 3 levels on both sides on 11/20/2014. This negates the results per guidelines. There is a history of prior back surgery although the details have not been submitted. California MTUS guidelines indicate there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joints nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. ODG guidelines indicate facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval treatment should be made on a case-by-case basis. Factors associated with failed treatment included significant opioid dependence and history of back surgery as in this case. Facet neurotomies should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In the absence of valid diagnostic blocks performed according to guidelines, the request

for 3 level radiofrequency facet ablations bilaterally is not supported and is not medically necessary.