

Case Number:	CM15-0050098		
Date Assigned:	03/23/2015	Date of Injury:	05/26/2009
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 May 26, 2009. The injured worker had reported a low back injury related to a fall. The diagnoses have included lumbar facet syndrome, bilateral lumbar radiculopathy, severe spinal stenosis of the lumbar spine, lumbar herniated nucleus pulposus and chronic bilateral sacroiliac joint dysfunction. Treatment to date has included medications, radiological studies, epidural steroid injections, lumbar radiofrequency ablation and lumbar facet nerve blocks. Current documentation dated February 16, 2015 notes that the injured worker reported increasing right sided low back pain. The injured worker had received a radiofrequency ablation three-four weeks prior and benefited significantly on the left side of his low back from the intervention. The injured worker had decreased his opioid medication and reported a significant increase in the ability to perform activities of daily living. Physical examination of the lumbar spine revealed pain and a decreased range of motion on the left side. However, the range of motion was noted to have increased since the prior visit. A straight leg raise was negative. There was moderate facet tenderness noted on the right. Facet loading on the right side produced pain. The treating physician's plan of care included a request for a radiofrequency lesioning on the right side lumbar four-lumbar five and lumbar five-sacral one with fluoroscopy and monitored anesthesia care. The requesting physician has performed right L4-L5 and L-S1 RFTC in April 2013 with 70% relief of pain for 7 months. There is documentation of functional improvement, improved range of motion, and decrease in pain medication as a result of a recent left L4-5 and L5-S1

RFTC. Additionally, there is documentation of bilateral facet blocks that helped 80% for over 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning on the right side L4-L5 and L5-S1 with fluoroscopy and monitored anesthesia care: Overturned

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 - Lumbar & Thoracic (Acute & Chronic) and the National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309, also 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy; Fluoroscopy.

Decision rationale: Regarding the request for radiofrequency lesioning on the right side L4-L5 and L5-S1 with fluoroscopy and monitored anesthesia, Chronic Pain Medical Guidelines state that lumbar facet neurotomies reportedly produce mixed results. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 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. 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. No more than two joint levels are to be performed at one time. Within the documentation available for review, the requesting physician has performed right L4-L5 and L-S1 RFTC in April 2013 with 70% relief of pain for 7 months. There is documentation of functional improvement, improved range of motion, and decrease in pain medication as a result of a recent left L4-5 and L5-S1 RFTC. Additionally, there is documentation of bilateral facet blocks that helped 80% for over 1 week. As such, the currently requested radiofrequency lesioning on the right side L4-L5 and L5-S1 with fluoroscopy and monitored anesthesia is medically necessary.