

Case Number:	CM15-0052153		
Date Assigned:	03/25/2015	Date of Injury:	10/29/2013
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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 47-year-old female, who sustained an industrial injury on October 29, 2013. She reported fell to the ground on her buttocks from a chair. The injured worker was diagnosed as having chronic lumbosacral strain, lumbar spondylosis, chronic cervical sprain/strain and chronic bilateral shoulder sprain/strain. Treatment to date has included medial branch blocks, physical therapy, medications. On February 17, 2015, the injured worker complained of chronic low back pain along with an associated stiffness in her lower back. She rated her current pain as an average of 7 on a 1-10 pain scale. The pain was described as sharp and throbbing. The pain is constant and is made worse by prolonged sitting and standing. The pain is made better by lying down and medications. The treatment plan included a bilateral L3/L4/L5 medial branch radio-frequency ablation, medications, work restrictions and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, 4, 5 medial branch radiofrequency ablation (performed on one day):

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. 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.

Decision rationale: ACOEM Medical Practice Guidelines, 2nd edition, 2004, Chapter 12 states on page 300-301: "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." More specific guidelines with regard to radiofrequency ablation can be found in the Official Disability Guidelines specify the following: "Criteria for use of facet joint radiofrequency neurotomy: (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 the case of this injured worker, there is documentation of medial branch blocks in December 2014 which provided 100% pain relief for 8 hours. Although sedation was used, it is noted that only Versed was utilized which is not an analgesic but an anxiolytic only. Guidelines recommend a successful positive diagnostic medial branch blocks prior to radiofrequency ablation. Given the documentation from a note in January 2015, the request for radiofrequency ablation is medically necessary.