

Case Number:	CM15-0057376		
Date Assigned:	04/17/2015	Date of Injury:	04/07/2008
Decision Date:	07/16/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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: New York

Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on 4/7/08. She reported cumulative work place injuries. The injured worker was diagnosed as having cervicgia; lumbago; chronic pain syndrome. Treatment to date has included MRI lumbar spine (8/12/14); EMG/NCV upper extremities (11/14/14); medial branch blocks bilaterally L2-L3, L4 (70% relief) (10/17/14); urine drug screening; medications. Currently, the PR-2 notes dated 2/24/15 the injured worker complains of diffuse neck pain and bilateral low back pain. The provider notes that the axial pain is better this month with radiation to upper buttocks only and no radiculopathy to legs. He documents she has failed conservative management with TENS and home exercise. She is a status post bilateral medial branch block L2, L3, L4 on 10/17/14 with 70% relief of back and buttock pain for three weeks but it has returned to same symptoms again. Bilateral radiofrequency ablations are documented as authorized. On this date, the provider treated the injured workers chronic pain syndrome with IM injections of B12 1000mg and Toradol 30mg. He is requesting Right Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Left Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Moderate sedation services and retroactive IM injections (B12 1000mg) and (Toradol 30mg) date of service 2/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Radiofrequency Ablation L2 (to be performed 2 weeks apart from Left RFA):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG: Low Back (updated 03/03/15).

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: facet joint radiofrequency neurotomy.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guidelines, the efficacy of radiofrequency ablation is under study with little research data to support its use. The published studies have not demonstrated improved function. The guidelines outline specific criteria. The first criteria is for demonstrated facet joint pain through the use of a medial branch block. Additionally, criteria for repeat neurotomies depends on evidence of adequate diagnostic blocks, documented improvement of a VAS score, decreased medication use and improvement in function. Additionally, recommendations are for no more than two joint levels to be performed at one time. The chart has anecdotal report from the IW that previous RFA resulted in decreased pain and analgesia use for a few weeks. However, the chart documentation does not include a VAS score and no documentation of functional improvement resulting from previous treatment. There is no documentation of decreased use of medication or improved activity. Without this documentation and that the request is for a three level RFA which exceeds the recommendation of 2 levels, the request for radiofrequency ablation is not medically necessary.

Right Radiofrequency Ablation L3 (to be performed 2 weeks apart from Left RFA):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back (updated 03/03/15).

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: facet joint radiofrequency neurotomy.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guidelines, the efficacy of radiofrequency ablation is under study with little research data to support its use. The published studies have not demonstrated improved function. The guidelines outline specific criteria. The first criteria is for demonstrated facet joint pain through the use of a medial branch block. Additionally, criteria for repeat neurotomies depends on evidence of adequate diagnostic blocks, documented improvement of a VAS score, decreased medication use and improvement in function. Additionally, recommendations are for no more than two joint levels to be performed at one time. The chart has anecdotal report from the IW that previous

RFA resulted in decreased pain and analgesia use for a few weeks. However, the chart documentation does not include a VAS score and no documentation of functional improvement resulting from previous treatment. There is no documentation of decreased use of medication or improved activity. Without this documentation and that the request is for a three level RFA which exceeds the recommendation of 2 levels, the request for radiofrequency ablation is not medically necessary

Right Radiofrequency Ablation L4 (to be performed 2 weeks apart from Left RFA):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back: facet joint radiofrequency neurotomy.

Decision rationale: The injured worker is a 51 year old female, who sustained an industrial injury on 4/7/08. She reported cumulative work place injuries. The injured worker was diagnosed as having cervicgia; lumbago; chronic pain syndrome. Treatment to date has included MRI lumbar spine (8/12/14); EMG/NCV upper extremities (11/14/14); medial branch blocks bilaterally L2-L3, L4 (70% relief) (10/17/14); urine drug screening; medications. Currently, the PR-2 notes dated 2/24/15 the injured worker complains of diffuse neck pain and bilateral low back pain. The provider notes that the axial pain is better this month with radiation to upper buttocks only and no radiculopathy to legs. He documents she has failed conservative management with TENS and home exercise. She is a status post bilateral medial branch block L2, L3, L4 on 10/17/14 with 70% relief of back and buttock pain for three weeks but it has returned to same symptoms again. Bilateral radiofrequency ablations are documented as authorized. On this date, the provider treated the injured workers chronic pain syndrome with IM injections of B12 1000mg and Toradol 30mg. He is requesting Right Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Left Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Moderate sedation services and retroactive IM injections (B12 1000mg) and (Toradol 30mg) date of service 2/24/15. Therefore, the requested treatment is not medically necessary.

Left Radiofrequency Ablation L2 (to be performed 2 weeks apart from Right RFA):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back (updated 03/03/15).

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: facet joint radiofrequency neurotomy.

Decision rationale: The injured worker is a 51 year old female, who sustained an industrial injury on 4/7/08. She reported cumulative work place injuries. The injured worker was diagnosed as having cervicgia; lumbago; chronic pain syndrome. Treatment to date has included MRI lumbar spine (8/12/14); EMG/NCV upper extremities (11/14/14); medial branch blocks bilaterally L2-L3, L4 (70% relief) (10/17/14); urine drug screening; medications. Currently, the PR-2 notes dated 2/24/15 the injured worker complains of diffuse neck pain and bilateral low back pain. The provider notes that the axial pain is better this month with radiation to upper buttocks only and no radiculopathy to legs. He documents she has failed conservative management with TENS and home exercise. She is a status post bilateral medial branch block L2, L3, L4 on 10/17/14 with 70% relief of back and buttock pain for three weeks but it has returned to same symptoms again. Bilateral radiofrequency ablations are documented as authorized. On this date, the provider treated the injured workers chronic pain syndrome with IM injections of B12 1000mg and Toradol 30mg. He is requesting Right Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Left Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Moderate sedation services and retroactive IM injections (B12 1000mg) and (Toradol 30mg) date of service 2/24/15. Therefore, the requested treatment is not medically necessary.

Left Radiofrequency Ablation L3 (to be performed 2 weeks apart from Right RFA):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back.

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: facet joint radiofrequency neurotomy.

Decision rationale: The injured worker is a 51 year old female, who sustained an industrial injury on 4/7/08. She reported cumulative work place injuries. The injured worker was diagnosed as having cervicgia; lumbago; chronic pain syndrome. Treatment to date has included MRI lumbar spine (8/12/14); EMG/NCV upper extremities (11/14/14); medial branch blocks bilaterally L2-L3, L4 (70% relief) (10/17/14); urine drug screening; medications. Currently, the PR-2 notes dated 2/24/15 the injured worker complains of diffuse neck pain and bilateral low back pain. The provider notes that the axial pain is better this month with radiation to upper buttocks only and no radiculopathy to legs. He documents she has failed conservative management with TENS and home exercise. She is a status post bilateral medial branch block L2, L3, L4 on 10/17/14 with 70% relief of back and buttock pain for three weeks but it has returned to same symptoms again. Bilateral radiofrequency ablations are documented as authorized. On this date, the provider treated the injured workers chronic pain syndrome with IM injections of B12 1000mg and Toradol 30mg. He is requesting Right Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Left Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Moderate sedation services and retroactive IM injections (B12 1000mg) and (Toradol 30mg) date of service 2/24/15. Therefore, the requested treatment is not medically necessary.

Left Radiofrequency Ablation L4 (to be performed two weeks apart from Right RFA):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back (updated 03/03/15) Criteria for use of facet joint radiofrequency neurotomy.

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: facet joint radiofrequency neurotomy.

Decision rationale: The injured worker is a 51 year old female, who sustained an industrial injury on 4/7/08. She reported cumulative work place injuries. The injured worker was diagnosed as having cervicalgia; lumbago; chronic pain syndrome. Treatment to date has included MRI lumbar spine (8/12/14); EMG/NCV upper extremities (11/14/14); medial branch blocks bilaterally L2-L3, L4 (70% relief) (10/17/14); urine drug screening; medications. Currently, the PR-2 notes dated 2/24/15 the injured worker complains of diffuse neck pain and bilateral low back pain. The provider notes that the axial pain is better this month with radiation to upper buttocks only and no radiculopathy to legs. He documents she has failed conservative management with TENS and home exercise. She is a status post bilateral medial branch block L2, L3, L4 on 10/17/14 with 70% relief of back and buttock pain for three weeks but it has returned to same symptoms again. Bilateral radiofrequency ablations are documented as authorized. On this date, the provider treated the injured workers chronic pain syndrome with IM injections of B12 1000mg and Toradol 30mg. He is requesting Right Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Left Radiofrequency Ablation L2, L3, L4 (to be performed 2 weeks apart from Left RFA) and Moderate sedation services and retroactive IM injections (B12 1000mg) and (Toradol 30mg) date of service 2/24/15. Therefore, the requested treatment is not medically necessary.

Moderate sedation services: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: facet joint radiofrequency neurotomy.

Decision rationale: The request for moderate sedation services is predicated on the planned radiofrequency ablation procedures. These procedures were determined to be not medically necessary. Without these procedures, the request for moderate sedation services are also not medically necessary.

Retrospective IM Injection (Toradol 30mg) DOS: 2/24/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 02/23/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac; NSAIDS, specific drug list & adverse effects Page(s): 72, 70. Decision based on Non-MTUS Citation FDA prescribing information for Toradol.

Decision rationale: Toradol (ketorolac) is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer states that Toradol is contraindicated in patients currently receiving aspirin (ASA) or nonsteroidal anti-inflammatory agents (NSAIDs) because of the cumulative risk of inducing serious NSAID-related adverse events. The manufacturer and the MTUS state that Toradol “is NOT indicated for chronic painful conditions.” This injured worker has chronic pain. Per the FDA prescribing information for Toradol, concomitant use with NSAIDs is contraindicated because of the cumulative risk of inducing serious NSAID-related side effects. The IW was given an injection of Toradol, has been noted to be prescribed Naproxyn, and had noted to have ongoing pain for more than 12 months. The request for Toradol is not medically necessary.

Retroactive IM Injection (B12 1000mg) DOS: 2/24/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 02/23/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain: B vitamins and Vitamin B complex.

Decision rationale: Ca MTUS is silent on this topic. It is unclear from the submitted documentation why the IW was given a vitamin B12 shot. There is no supporting records to support a vitamin deficiency or signs and symptoms suggestive of a deficiency. The above reference states vitamin B supplementation is not recommended for the treatment of chronic pain unless documented vitamin deficiency is present. The request for Vitamin B12 injection is not medically necessary.