

Case Number:	CM15-0243108		
Date Assigned:	12/22/2015	Date of Injury:	12/06/2004
Decision Date:	01/28/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/14/2015

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: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 12-06-2004. According to a progress report dated 11-17-2015, the injured worker reported pain in the back with radiation to none. Pain was rated 6. Symptoms were made better by rest and radiofrequency ablation. Symptoms were made worse by walking and standing. Examination demonstrated cervical spine tenderness, thoracic paraspinal muscle tenderness, lumbar spine tenderness and moderately reduced lumbar spine extension, right rotation and left rotation, negative straight leg raise bilaterally, 2 plus facet loading bilaterally with extension of spine, normal gait, and intact sensation in extremities. Assessment included lumbago, chronic low back pain, lumbar degenerative disc disease, lumbar facet arthropathy, and hypothyroid. The provider noted that the injured worker had benefited from radiofrequency ablation several times in the past. She had it about 6 months ago with "good benefit" of axial spine pain, greater than 60% benefit. Pain had now started to return and she continued to report "low back pain radiating to bilateral hips." No radicular pain was also noted. The treatment plan included lumbar radiofrequency ablation at three levels and urologist evaluation for bladder stimulator. Medications included Synthroid, Lidoderm patch, Dilaudid and Tylenol. An authorization request dated 11-23-2015 was submitted for review. The requested services included urologist evaluation for bladder stimulator maintenance and lumbar radiofrequency. On 12-02-2015, Utilization Review non-certified the request for lumbar radiofrequency ablation bilateral 3 levels. The request for urologist evaluation was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation Bilateral 3 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic Chapter (online version), 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 Chapter, Facet Joint Radiofrequency Neurotomy Section.

Decision rationale: Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. 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 this case, the injured worker is a 49 year old female diagnosed with lumbago, chronic low back pain, lumbar degenerative disc disease, lumbar facet arthropathy and hypothyroid. Physical examination revealed cervical spine tenderness, thoracic paraspinal muscle tenderness, lumbar spine tenderness and moderately reduced lumbar spine extension, right rotation and left rotation, negative straight leg raise bilaterally, 2 plus facet loading bilaterally with extension of spine, normal gait and intact sensation in extremities. The injured worker has had radiofrequency ablation several times in the past with evidence of subjective benefit. Her last radiofrequency ablation was approximately 6 months ago with a greater than 60% benefit. According to the available documentation, the injured worker's pain has returned and she complains of low back pain radiating to the bilateral hips. Other records revealed that there was no radicular pain. Current medications include Synthroid, Lidoderm patch, Dilaudid and Tylenol. The injured worker's last ablation was approximately 6 months ago with subjective

pain relief but the duration of the relief is not documented. Additionally, there is no evidence of a decrease in medication use or an increase in function after the previous ablation. The request for lumbar radiofrequency ablation bilateral 3 levels is not medically necessary.