

Case Number:	CM14-0133263		
Date Assigned:	08/22/2014	Date of Injury:	09/15/2009
Decision Date:	09/30/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who reported an injury on 09/15/2009. The mechanism of injury was not provided for clinical review. The diagnoses included status post L4-5 and L5-S1 total disc arthroplasty, bilateral sacroiliac joint dysfunction, status post radiofrequency ablation, L3-4 anterior bulge with mild central stenosis, hypertension, status post C5-7 ACDF, T6-7 and T11-12 disc protrusion with thoracic facet syndrome status post radiofrequency ablation, chronic pain, and reactive depression. The previous treatments included medication and radiofrequency ablation. Diagnostic testing included an MRI. Within the clinical note dated 07/25/2014, it was reported the injured worker complained of chronic neck pain, low back pain, and mid back pain. The injured worker reported pain radiated to the bilateral legs and shoulder. She complained of muscle spasms, numbness, difficulty sleeping, tingling, and weakness. She rated her pain 9/10 in severity. She described her pain as always present and the intensity varied. A physical exam was not provided for clinical review. The request submitted is for a bilateral radiofrequency with sedation. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency with sedation under fluoro for T6-T7 and T11-T12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low BACK- Facet joint radiofrequency neurotomy.

Decision rationale: The request for Bilateral radiofrequency with sedation under fluoro for T6-T7 and T11-T12 is not medically necessary. The California MTUS/ACOEM Guidelines state that 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 produced mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, the Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch. A neurotomy should not be repeated unless a duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief that is sustained for at least 6 months. Approval of repeat neurotomies depends on variables, such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medication, and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neuro block aid, these are to be performed at intervals or no sooner than 1 week, and preferably 2 weeks for most blocks. The request submitted for bilateral injections at T6-7 and T11-12 exceeds the recommendation of the number of injections to be given at 1 time. The guidelines recommend no more than 2 joint levels to be performed at 1 time. The requesting physician did not include an adequate documentation of significant physical exam findings congruent with facet joint pain. The medical documentation does not support the need for a bilateral radiofrequency ablation and there is lack of documented evidence that can be used to measure functional deficits and improvements. Therefore, the request is not medically necessary.