

Case Number:	CM14-0164811		
Date Assigned:	10/09/2014	Date of Injury:	04/23/2004
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 46-year-old man who sustained a work-related injury on April 23, 2004. Subsequently, he developed chronic back pain. Prior treatments included a long term use of opioids and multiple facet rhizotomy procedures alternating between thoracic and lumbar regions. The patient had a thoracic radiofrequency ablation performed in December 2013 and a radiofrequency rhizotomy bilateral L4-5, L5-S1 on January 27, 2014, which provided him with 80% pain relief and reduced his right lower extremity pain; however, the same pain has returned and his flared up lower back pain continues to get worse. According to a progress note dated September 4, 2014, the patient reported that his worse pain presently is his thoracic area, which responded well to radiofrequency rhizotomy done on December 19, 2013 with more than 70% relief. The patient reported that he has a stabbing, throbbing, burning pain in the mid and low back. The patient reported that his pain has increased since his last visit. He rated his pain at 7/10 with medications and 10/10 without medications. Examination of the thoracic spine revealed tenderness to palpation directly over paraspinal musculature from T8 through T10 and over medial borders of scapulae and bilateral rhomboids. Examination of the lumbar spine revealed severe tenderness to palpation over paraspinal musculature on the left L35 level of his lumbar spine. There is also tenderness over his bilateral S1 joints. Restricted flex and extension about 50%. Positive bilateral straight leg raises, right greater than left. Positive bilateral Patrick's test. There was decreased sensation along the right lateral side of leg to his calf, L4, L5 dermatomes. The patient was diagnosed with degeneration of the thoracic or thoracolumbar intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and thoracic and lumbar facet arthropathy. The provider requested authorization for Pain Management Bilateral T8, T9, T10 Radiofrequency Rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Bilateral T8, T9, T10 Radiofrequency Rhizotomy, Quantity: 1: Upheld

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint intra-articular injections (therapeutic blocks)
(http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections)

Decision rationale: According MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to Official Disability Guidelines regarding facets injections, Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. Furthermore and according to Official Disability Guidelines, Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. According to MTUS guidelines, 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. The Official Disability Guidelines did not support facet injection for thoracic pain in this clinical context. There is no documentation of facet mediated pain. The guidelines do not allow facet injection for more than 2 joint levels. In addition, there is no clear evidence or documentation that thoracic facets are main pain generator. Therefore, the request for Pain Management Bilateral T8, T9, T10 Radiofrequency Rhizotomy is not medically necessary.