

Case Number:	CM14-0193613		
Date Assigned:	12/01/2014	Date of Injury:	12/25/1994
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 54-year-old male who reported an injury on 12/25/1994. The mechanism of injury was not submitted for clinical review. The diagnoses included L5-S1 facet arthropathy, status post right sacroiliac joint fusion on 06/03/2013, left sacroiliac joint dysfunction, status post L3-4 bilateral laminotomy with hardware removal and exploration of fusion on 08/22/2012, L3-4 foraminal stenosis, acute left L3-4 radiculopathy, failed back syndrome, status post previous fusion at L4-5 with symptomatic hardware, and status post spinal cord stimulator implant on 03/25/2009. The previous treatments included medication, sacroiliac joint injections, and surgery. Diagnostic studies included a CT myelogram and a CT of the lumbar spine dated 10/08/2014. On 10/24/2014, it was reported the injured worker complained of ongoing lower back pain. He reported the pain radiated down the buttocks and the bilateral lower extremities with numbness. He rated his pain 4/10 to 5/10 in severity and it increased to 7/10 to 8/10 in severity without medication. On physical examination, the injured worker had tenderness to palpation of the lumbar spine and lower extremities, and left sacroiliac joint. There was mild decreased sensation over the S1 dermatome distribution. Motor strength was noted to be 5/5. The injured worker had a negative straight leg raise at 90 degrees bilaterally. Sacroiliac joint provocative testing was positive with a positive thigh thrust, positive compression sign, and Fortin's sign. The CT of the lumbar spine dated 10/08/2014 revealed post L4-5 fusion with hardware in place, an L3-4 broad based 2.5 mm to 3 mm disc protrusion, and an L5-S1 broad based 1.5 mm disc protrusion. A request was submitted for a sacroiliac joint radiofrequency ablation with Arthrogram on the left side. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 S1 joint radiofrequency ablation with Arthrogram on the left side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic)

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 1 sacroiliac joint radiofrequency ablation with arthrogram on the left side is not medically necessary. The California MTUS Guidelines state 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 an appropriate investigation involved controlled differential dorsal ramus medial branch diagnostic blocks. In addition, the guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch block. A neurotomy should not be repeated unless the duration of relief from the first response is documented for at least 12 weeks at greater than 50% relief that is sustained for at least 6 months. Approval of repeat neurotomy depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medication use, and documented improvement in function. No more than 2 levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The requesting physician did not include adequate documentation of significant physical findings congruent with facetogenic pain. The clinical documentation submitted failed to indicate the efficacy of the previous injections. There is lack of documentation the injured worker had at least 12 weeks with greater than 50% response that was sustained for at least 6 months. The guidelines do not recommend radiofrequency ablation in injured workers with findings of radiculopathy. Therefore, the request is not medically necessary.