

Case Number:	CM14-0213177		
Date Assigned:	12/30/2014	Date of Injury:	07/07/2010
Decision Date:	02/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Internal 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 claimant is a 41 yo male who sustained an industrial injury on 07/07/2010. The mechanism of injury occurred when the claimant, a [REDACTED] employed by the [REDACTED] was injured while apprehending an inmate. His diagnoses include low back pain, sciatica, facet arthropathy, thoracic neuritis and degenerative disc disease of the lumbar spine. He is status post microdiscectomy and foraminotomy. He continues to complain of low back pain with radiation to the right leg. On physical exam he has decreased range of lumbar motion with decreased strength and sensation in the L5-S1 distribution on the right. Treatment in addition to surgery has consisted of medical therapy including opiates, physical therapy, home exercise program, sacroiliac injections and previous radiofrequency ablation. The treating provider has requested right SI Joint Radiofrequency Ablation S1, Right SI Joint Radiofrequency Ablation S2, S3, additional levels, Decision for Anesthesia administration, and Decision for Fluoroscopic Guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Radiofrequency Ablation S1, single level: Overturned

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) Chronic Pain

Decision rationale: Per ODG, Facet joint denervation (also referred to as neurolysis, lesioning, facet neurotomy, facet rhizotomy, or articular rhizolysis) by either injecting neurolytic substances (alcohol 50-100% or phenol) or utilizing radiofrequency thermoneurolysis (e.g. radiofrequency ablation, radiofrequency neurolysis, and/or radiofrequency thermoablation) or cryoneurolysis is medically necessary for treatment of patients with intractable chronic zygapophyseal cervical or lumbar joint pain with or without neurological compression symptoms when all of the following are met: Trial of facet joint injections using local anesthetic has been successful in relieving the pain or, at least, a > 50% reduction of pain; and Severe low back pain or cervical neck pain limiting activities of daily living has been present for at least 6 months; and No prior spinal fusion surgery in the same area of the spine that is to undergo radiofrequency treatment; and Neuroradiologic studies are negative or fail to confirm disc herniation; and Patient has no significant narrowing of the vertebral canal or spinal instability requiring surgery; and Patient has tried and failed conservative treatments such as bed rest, back supports, physiotherapy, correction of postural abnormality, as well as pharmacotherapies (e.g. anti-inflammatory agents, analgesics and muscle relaxants. Per the documentation the claimant had a positive response to previous SI Joint injections (>60-70% relief) and Radiofrequency ablation. Medical necessity for the requested item has been established. The requested item is medically necessary.

Right SI Joint Radiofrequency Ablation S2, S3, additional levels: 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) Chronic Pain

Decision rationale: Per ODG, Facet joint denervation (also referred to as neurolysis, lesioning, facet neurotomy, facet rhizotomy, or articular rhizolysis) by either injecting neurolytic substances (alcohol 50-100% or phenol) or utilizing radiofrequency thermoneurolysis (e.g. radiofrequency ablation, radiofrequency neurolysis, and/or radiofrequency thermoablation) or cryoneurolysis is medically necessary for treatment of patients with intractable chronic zygapophyseal cervical or lumbar joint pain with or without neurological compression symptoms when all of the following are met: Trial of facet joint injections using local anesthetic has been successful in relieving the pain or, at least, a > 50% reduction of pain; and Severe low back pain or cervical neck pain limiting activities of daily living has been present for at least 6 months; and No prior spinal fusion surgery in the same area of the spine that is to undergo radiofrequency treatment; and Neuroradiologic studies are negative or fail to confirm disc herniation; and Patient has no significant narrowing of the vertebral canal or spinal instability requiring surgery; and Patient has tried and failed conservative treatments such as bed rest, back supports,

physiotherapy, correction of postural abnormality, as well as pharmacotherapies (e.g. anti-inflammatory agents, analgesics and muscle relaxants. Per the documentation the claimant had a positive response to previous SI Joint injections (>60-70% relief) and Radiofrequency ablation. Medical necessity for the requested item has been established. The requested item is medically necessary.

Anesthesia administration procedures: 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 American Society of Anesthesiologists Monitored Anesthesia Care (MAC)

Decision rationale: Per the American Society of Anesthesiologists, monitored anesthesia care (MAC) refers to the anesthesia personnel present during a procedure and does not implicitly indicate the level of anesthesia needed. The American Society of Anesthesiologists (ASA) has defined MAC. The following is derived from ASA statements: Monitored anesthesia care is a specific anesthesia service for a diagnostic or therapeutic procedure. Indications for monitored anesthesia care include the nature of the procedure, the patient's clinical condition and/or the potential need to convert to a general or regional anesthetic. Monitored anesthesia care is considered a matter of patient choice when used for gastrointestinal endoscopic, bronchoscopic, or interventional pain procedures in patients with average anesthesia risk. In these settings, shared decision-making is recommended such that the patient and his or her physician discuss the risks and benefits of monitored anesthesia care. Monitored anesthesia care may be appropriate for gastrointestinal endoscopy, bronchoscopy, and interventional pain procedures, when there is documentation by the proceduralist and anesthesiologist that specific risk factors or significant medical conditions are present. Those risk factors or significant medical conditions include any of the following: Increased risk for complications due to severe comorbidity (ASA P3* or greater), Morbid obesity (BMI [body mass index] >40). Documented sleep apnea, Inability to follow simple commands (cognitive dysfunction, intoxication, or psychological impairment), Spasticity or movement disorder complicating procedure, History or anticipated intolerance to standard sedatives, such as, Chronic opioid use, Chronic benzodiazepine use, Patients with active medical problems related to drug or alcohol abuse, Patients of extreme age, i.e., younger than 18 years or age 70 years or older, Patients who are pregnant, Patients with increased risk for airway obstruction due to anatomic variation, such as: History of sleep apnea or stridor, Dysmorphic facial features, Oral abnormalities (e.g., macroglossia), Neck abnormalities (e.g., neck mass) Jaw abnormalities (e.g., micrognathia), Acutely agitated, uncooperative patients, Prolonged or therapeutic gastrointestinal endoscopy procedures requiring deep sedation. There is no documentation indicating the claimant has any medical condition that necessitates the use of monitored anesthesia care for the procedure. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Fluoroscopic Guidance: Overturned

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 Medscape Internal Medicine 2014 Fluoroscopy

Decision rationale: Per Medscape Internal Medicine, Fluoroscopy is a technique that employs x-rays to generate real-time still images or video of a patient's body. It is a commonly used medical technique that helps physicians with a wide variety of diagnostic and interventional procedures. The x-rays pass through the body and create an image on a detector, which is then transmitted to a monitor for viewing by the physician. Thus, a part of the body that is radio-opaque or made so by the use of a dye or a contrast agent can be visualized. Similarly, an instrument or device or movement of internal body parts can be displayed. Fluoroscopy involves the use of x-rays, which are a form of ionizing radiation. Although low doses are used, in prolonged procedures, the cumulative exposure may result in a relatively high absorbed dose to the patient. Therefore, all necessary precautions should be used, and the benefits should outweigh the potential risks in a given clinical situation. Radiofrequency (RF) ablation requires placement of several catheters at critical positions. The catheters are positioned with fluoroscopy, resulting in a significant radiation exposure. Medical necessity for the requested item has been established. The requested item is medically necessary.