

Case Number:	CM14-0215446		
Date Assigned:	01/02/2015	Date of Injury:	01/17/2003
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: Montana

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 53 year old female with a date of injury as 01/17/2003. The cause of the injury was not included in the documentation received. The current diagnoses include cervicgia, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, anxiety, depression, myalgias, and fibromyalgia syndrome. Previous treatments include oral medications, home exercise program, and a medial branch block on 07/10/2014. Primary treating physician's reports dated 02/24/2014 through 10/22/2014, and urine drug screenings dated 05/07/2014 through 09/24/2014 were included in the documentation submitted for review. Report dated 10/22/2014 noted that the injured worker presented with complaints that included continued low back pain, stating that her pain has increased overall, no new symptoms were reported. Physical examination revealed straight leg raising and Patrick's tests were positive for low back pain, and facet loading test was also positive, tenderness to palpation noted over the cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa, and knee. The physician noted that x-rays were reviewed which were noted to be normal with no abnormalities noted, and an MRI scan of the lumbar spine showed disc protrusions at L2-L3, L4-L5, and L5-S1 levels, but the actual reports and the dates that this imaging was performed was not included. The physician stated that the injured worker had previous success with the other medial branch block of the bilateral L3, L4, and L5 regions, with reported 100% pain relief for approximately five hours and then 50% relief overall for a few days. Report dated 09/24/2014 notes that the injured worker is still experiencing mild improvement from the prior medial branch block. The documentation submitted did not give a

detailed description of how the prior medial branch block has improved functionality. The physician did not note any decrease in medication, or an evaluation of ability to perform activities of daily living. The injured worker's work status was not included in the documentation received. The utilization review performed on 12/15/2014 non-certified a prescription for bilateral L3, L4, and L5 medial branch radiofrequency ablation based on the criteria per the Official Disability Guidelines for facet joint radiofrequency neurotomy are not satisfied. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 medial branch radiofrequency ablation: Overturned

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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back, Facet joint diagnostic blocks and Facet joint radiofrequency neurotomy

Decision rationale: The MTUS states 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 produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The ODG guidelines note that facet joint radiofrequency neurotomy is 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 includes one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. The procedure is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.

There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). In this case diagnostic blocks at L3, L4 and L5 were performed on 7/10/14 with 100% relief for 5 hours and 50% for several days. With this excellent pain response to the diagnostic blocks the criteria for radiofrequency ablation are met. The previous Utilization Review decision is reversed. The request for bilateral L3, L4 and L5 medial branch radiofrequency ablation is consistent with the MTUS and ODG guidelines and is considered to be medically necessary.