

Case Number:	CM15-0005165		
Date Assigned:	01/16/2015	Date of Injury:	04/17/2004
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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: Indiana

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:

This 48 year old female suffered an industrial injury on 4/17/04 with subsequent ongoing low back pain. Treatment included three surgeries to the lumbar spine, spinal cord stimulator, sacroiliac joint injections and medications. Magnetic resonance imaging lumbar spine (1/16/13) showed a recurrent disc herniation at L5-S1. In a PR-2 dated 12/4/14, the injured worker complained of mid to low back pain 9/10 on the visual analog scale with radiation down the left leg. The injured worker reported a marked reduction of pain and increased function that lasted for two weeks following left sacroiliac joint injection but the pain had now returned. Current diagnoses included status post spinal decompression surgery, L4 to S1, status post anterior posterior fusion, L4-S1, status post removal of hardware, severe left lower extremity lumbar radiculopathy and status post permanent implant spinal cord stimulator. The treatment plan included additional programming of the spinal cord stimulator, requesting authorization for radiofrequency ablation of the left sacroiliac joint and continuing current medication regimen. On 12/18/14, Utilization Review noncertified a request Radiofrequency Ablation of The Left SI Joint citing CA MTUS and ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of the Left SI Joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy

Decision rationale: MTUS only discusses radiofrequency ablation in context of Pulsed radiofrequency treatment, therefore other guidelines were utilized. ODG states regarding cervical radiofrequency ablation, under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. ODG states, criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The employee does not meet the criteria above. There is no formal plan for conservative care. Therefore, the request for Radiofrequency Ablation of The Left SI Joint is not medically necessary.