

Case Number:	CM15-0005809		
Date Assigned:	01/26/2015	Date of Injury:	06/16/1997
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 6/16/1997. The diagnoses have included lumbar spine spondylosis with facet syndrome, myofascial pain syndrome, lumbar radiculopathy, and low back pain. Treatment to date has included epidural steroid injections, physical therapy, medications, radiofrequency ablation and modified activity. Currently, the IW complains of bilateral back pain described as aching, burning, gnawing, pins and needles sensation, pressure, sharp, shock-like, stabbing and throbbing. Pain is rated as a 7/10. There is severe functional impairment. Pain is unchanged since prior visit. Objective findings included improved radicular symptoms. She continues to have left sided back and buttock pain. There is palpatory tenderness over the lower lumbar facet joints and sacroiliac joint. Hyperextension and ipsilateral rotation maneuvers increase this. Previous radiofrequency ablation in this area performed in February and March 2014 did effectively eliminate it and she requests that this be repeated. On 12/15/2014, Utilization Review non-certified a request for repeat radiofrequency ablation left L5-S3, noting that the clinical findings do not support the medical necessity of the repeat treatment. The MTUS, ACOEM Guidelines and ODG were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of radiofrequency ablation L5-S3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation Left L5-S3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Radiofrequency Neurotomy

Decision rationale: According to the ODG guidelines, radiofrequency ablation is under study. The 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. In this case, the request is for at least more than 2 joint levels of radio frequency. The claimant already had 2 multi-level interventions which were a month apart earlier in 2014. Based on the clinical information and lack of evidence for supporting additional multi-level intervention, the RF ablation of L5-S3 is not medically necessary.