

Case Number:	CM15-0011834		
Date Assigned:	01/29/2015	Date of Injury:	02/17/2007
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male who reported an injury on 02/17/2007. The mechanism of injury was not provided. Prior therapies included physical therapy, a TENS unit, epidural steroid injections, and pain medications. The documentation of 12/03/2014 revealed the injured worker had constant pain in his back with a burning sensation that radiated into the left leg. The injured worker was noted to be seen in a pain clinic for consultation and noted to be recommended for a radiofrequency ablation. The injured worker was recommended also for a transforaminal epidural injection trial at L5-S1. The physical examination revealed the injured worker could flex to 30 degrees and extend to 5 degrees. The straight leg raise was positive and caused left sided back pain that radiated into the left buttock and posterior thigh. The injured worker had sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. The injured worker ambulated with a limp. Deep tendon reflexes were +1. The diagnoses included status post posterior spinal fusion from L5 through S1. The medications included Butrans patch 20 mcg per hour, Norco 10/325 mg twice a day, Elavil 25 mg at bedtime, omeprazole 20 mg, Colace 250 mg, Senokot 2 tablets, Zanaflex 6 mg, and Neurontin 300 mg tablets. The request was made and the treatment plan included a radiofrequency ablation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review failed to indicate the injured worker had a normal sensory examination in the absence of radicular findings along with a normal straight leg raise examination. There was a lack of documentation of tenderness to palpation in the paravertebral area over the facet region. The request as submitted failed to indicate the body part and the level for the requested radiofrequency ablation. There was a lack of documentation indicating of exceptional factors. Given the above, the request for radiofrequency ablation is not medically necessary.