MAXIMUS Federal Services

Case Number:	CM15-0013244		
Date Assigned:	01/30/2015	Date of Injury:	01/25/2012
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/22/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 1/25/2012. The diagnoses have included lumbar spondylosis without myelopathy and lumbago. Treatment to date has included radiofrequency ablation L4-L5, left and L5-S1 left on 1/31/2014, pain medications and home therapy/yoga. According to the progress note dated 11/25/2014, the injured worker complained of constant lumbar spine pain. She had tingling and pain that radiated through her left leg posterior thigh. Back examination revealed tenderness to palpation in lumbar area. It was noted that magnetic resonance imaging (MRI) of the lumbar spine from 3/4/2013 revealed disc desiccation L4/5 and L5/S1 with facet arthropathy at L5/S1 and L4/5. The physician impression was that the injured worker's lower back pain was at the level it was prior to a radiofrequency ablation in January. She was once again taking Percocet for pain. Authorization was requested for radiofrequency neurotomy: left L4-5, L5-S1 under fluoroscopy and intravenous sedation. On 12/29/2014, Utilization Review (UR) non-certified a request for radiofrequency neurotomy: left L4-5, L5-S1 under fluoroscopy and intravenous sedation, citing Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy: left L4-5, L5-S1 under fluoroscopy & IV sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: Per MTUS ACOEM: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks but beyond that MTUS is silent on specific requirements for RF ablation in the cervical spine. Per ODG with regard to facet joint radiofrequency neurotomy: "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."The ODG indicates that criteria for cervical facet joint radiofrequency neurotomy are as follows: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be 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. In 9/14 progress note as well as other progress notes, the doctor noted that IW had facet syndrome on the left. It was noted that the injured worker had successful response to the same RF procedure in the past with at least 6 months benefit. I respectfully disagree with the UR physician's assertion that there is no diagnosis of facet syndrome. Also, the assertion that there is no procedure note regarding the medial branch blocks is immaterial; the medical necessity of this request is based upon meeting criteria for repeat RF ablation, which does not rely on repeat performance of medial branch blocks. As the criteria are met, the request is medically necessary.