

Case Number:	CM15-0015208		
Date Assigned:	02/04/2015	Date of Injury:	04/01/1997
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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 66 year old male injured worker suffered an industrial injury on 4/1/1997. The diagnoses were lumbosacral neuritis and cervical facet syndrome and mechanical neck pain and headaches. The diagnostic studies were cervical magnetic resonance imaging. The treatments were prior lumbar facet radiofrequency ablation, physical therapy, chiropractic therapy, medications, home exercise program and chiropractic therapy. The treating provider reported severe low back pain radiating to bilateral buttocks and groin at 8/10 identified as shooting, stabbing and burning. The exam revealed lumbar facet tenderness. The Utilization Review Determination on 1/19/2015 non-certified bilateral radiofrequency lumbar facet, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral radiofrequency lumbar facet: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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. On 12/10/14, ██████████ documented improved function, ADLs, and 55-60% reduction of pain for 6 months after the previous RF procedure. The UR physician's rationale for denial was that variables (noted by the ODG upon which approval of repeat neurotomy should depend) were not sufficiently defined. The ODG does not explicitly state how these variables must be defined, or which ones must be satisfied to support medical necessity. Clearly, based upon the way the guideline is written, there is no mandatory requirement for these variables to be defined or satisfied to be consistent with medical necessity. The mandatory "inclusion criteria" for repeat neurotomy have been fulfilled. In light of the fact that the injured worker is requesting the procedure to be repeated, the preponderance of evidence in this case supports the medical necessity of the procedure.