

Case Number:	CM15-0018273		
Date Assigned:	02/06/2015	Date of Injury:	09/20/2010
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/30/2015

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

Certification(s)/Specialty: Internal 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:

The injured worker is a 41 year old male, who sustained an industrial injury on 09/20/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar radiculopathy, protrusion at thoracic ten to eleven with cord compression, lumbar five to sacral one epidural fibrosis, lumbar five to sacral disc protrusion with foraminal stenosis, chronic lumbar five to sacral one radiculopathy, and chronic pain syndrome. Treatment to date has included medication regimen, electromyogram with nerve conduction study, magnetic resonance imaging, hydrotherapy, use of a cane, and laboratory studies. In a progress note dated 01/09/2015 the treating provider reports a pain level of an eight on a scale on one to ten, noting that the pain is tolerable to moderate with medication. The treating physician requested left radiofrequency thermocoagulation ablation (RFTC), but did not indicate the reason for requesting this treatment. On 01/27/2015 Utilization Review non-certified the requested treatment of left radiofrequency thermocoagulation ablation (RFTC) (levels unspecified) times one as an outpatient, noting the California Medical Treatment Utilization Schedule: Chronic Pain Medical Treatment Guidelines; American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition (2004), Chapter 8, Low Back Complaints; and Official Disability Guidelines, online version, Low Back Chapter (updated 01/14/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Radiofrequency Thormocoagulation Ablation (RFTC) levels unspecified x1 as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Lumbar Facet blocks/radiofrequency. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter regarding facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections). ACOEM 3rd Edition. Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Table 2: Summary of Recommendations by Low Back Disorder <http://www.guideline.gov/content.aspx?id=38438>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document a history of low back complaints. The progress note dated 1/9/15 documented a request for radiofrequency thermal coagulation (RFTC). The level of the RFTC was not specified. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended. Minimal evidence for treatment was noted. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for radiofrequency thermal coagulation (RFTC) is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for radiofrequency thermal coagulation (RFTC) is not medically necessary.