

Case Number:	CM15-0116638		
Date Assigned:	06/24/2015	Date of Injury:	06/01/2012
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on June 1, 2012, incurring low back injuries. She was diagnosed with lumbar facet pain syndrome. Treatment included anti-inflammatory drugs, exercises, facet block, pain medications, and home exercise program and work restrictions. In December, 2014, the injured worker received Radiofrequency Ablation to the lumbosacral spine having excellent relief lasting only three months. Currently, the injured worker complained of right sided lower back pain. There was tenderness and limited range of motion of the right lumbar spine. The treatment plan that was requested for authorization included facet radiofrequency ablation of the right lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet radiofrequency ablation at right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS Guidelines do not address the use of radiofrequency ablation of the cervical facet joints. The ODG reports that facet joint radiofrequency neurotomy is under study as there is conflicting evidence available as the efficacy of this procedure. Studies have not demonstrated improved function, however there may be pain reduction from the procedure. Criteria for use of cervical facet radiofrequency neurotomy includes; 1) Diagnosis of facet joint pain. 2) Adequate diagnostic blocks by documented improvement in VAS scores and improvement in function. 3) No more than two joint levels are to be performed at one time. 4) If different regions require neural blockade, they should be performed at intervals not sooner than one week and preferably two weeks for most blocks. 5) There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6) Repeat neurotomies should not be required at an interval less than six months from the first procedure and duration of effects should be at least 12 weeks with 50% or greater relief. This request is for 2 levels. However, the injured worker has received a previous facet radiofrequency ablation without a documented 50% or greater reduction in pain lasting more than 12 weeks. The request for facet radiofrequency ablation at right L4-L5 and L5-S1 is determined to not be medically necessary.