

Case Number:	CM15-0119050		
Date Assigned:	06/29/2015	Date of Injury:	01/22/1997
Decision Date:	07/29/2015	UR Denial Date:	05/31/2015
Priority:	Standard	Application Received:	06/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 48-year-old male who sustained an industrial injury on 1/22/97. The mechanism of injury was not documented. Past surgical history was positive for multiple spine surgeries, including bilateral lumbar laminectomy and spinal cord stimulator implantation. Records indicated that the injured worker had a prior radiofrequency ablation in May 2013 which provided more than 80% relief and lasted 6 months. The 5/21/15 treating physician report cited low back pain radiating to his buttock region. Current medications included Dilaudid as needed with good pain coverage. Previous radiofrequency ablation had provided good benefit. Lumbar spine exam documented antalgic gait, paravertebral tenderness, and severe tenderness over the L4/5 and L5/S1 facet joints. Straight leg raise was negative bilaterally, and the lower extremity neurologic examination was within normal limits. The diagnosis included spondylosis without myelopathy, arthritis lumbar facets, lumbar radicular pain to the left leg, and lumbar postlaminectomy syndrome. The treatment plan recommended continued medications and requested lumbar radiofrequency ablation. The 5/31/15 utilization review non-certified the request for lumbar radiofrequency ablation as there was no evidence that the injured worker had participated in any therapeutic exercise over the past two years, that medications failed to control pain, and there was no formal plan for any therapeutic exercise/rehabilitation to be completed in addition to the radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation (RFA), Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is 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. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. This injured worker presents with low back pain radiating to the buttocks. Clinical exam findings documented severe tenderness over the L4/5 and L5/S1 facet joints. There is reported facet joint arthritis. There was a reported positive benefit to radiofrequency ablation consistent with guidelines noted in the utilization review. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Additionally this request does not specifically identify the levels to be injected. Therefore, this request is not medically necessary at this time.