

Case Number:	CM15-0170387		
Date Assigned:	09/10/2015	Date of Injury:	07/06/2011
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 7-6-11. She had complaints of lower back pain. Treatments include: medications, home exercise program, TENS unit, H-wave unit, back brace, injections, medial branch blocks and lumbar radio-frequency ablation. Progress report dated 8-14-15 reports continued complaints of lower back pain rated 6 out of 10 with medications and 10 out of 10 without medications. Her quality of sleep is poor and activity level has decreased. Diagnoses include: lumbar facet syndrome, low back pain and shoulder pain. Plan of care includes: urine toxicology screen within normal limits, continue medications, surgery recommended but she would like to trial spinal procedures first, request lumbar radio-frequency ablation, medications refilled, continue home exercise therapy, continue TENS unit, continue use of back brace. Work status: working part time with restrictions. Follow up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation Bilateral L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back – Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet Joint Radiofrequency Neurotomy Low back Chapter under Facet joint diagnostic blocks.

Decision rationale: The patient was injured on 07/06/11 and presents with lower backache. The request is for a Lumbar Radiofrequency Ablation Bilateral L4-L5, L5-S1. The RFA is dated 08/18/15 and the patient is working part time with restrictions. There are four treatment reports provided from 05/22/15 to 08/18/15. The utilization review letter, dated 08/19/15, states that the patient had a prior lumbar radiofrequency ablation on 01/28/15. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet Joint Radiofrequency Neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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. 3. 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. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." ODG, Low back Chapter under Facet joint diagnostic blocks states: "1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine." The patient has hypertonicity to paramedian paraspinal lumbar spine muscles, a restricted lumbar spine range of motion, on palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle bands on both sides, spinous process tenderness on L4/L5, tenderness over bilateral side facet joints, a positive lumbar facet loading, a positive straight leg raise on the left, tenderness over the sacroiliac spine over PSIS on left, and a positive Fabers test. She is diagnosed with lumbar facet syndrome, and low back pain. Regarding facet joint radiofrequency neurotomy, ODG states "One set of diagnostic medial branch blocks is required with a response of 70%." Treater has not provided documentation of prior MBB to indicate the request for radiofrequency neurotomy. However, the utilization review letter states that with the patient's prior lumbar radiofrequency ablation (01/28/15), the patient's pain was reduced from 8/10 with medications, to 3/10 initially but progress steadily upwards to 6/10 with medications as of the most recent exam. For repeat neurotomies, ODG states "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." ODG further states repeat neurotomies "should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief." In this case, the patient's pain without medications remained at 10/10. While the patient's pain did initially decrease from an 8/10 to a 3/10, there is no indication of how long this relief lasted, and the treater does not provide documentation of medication reduction, or document improvement in function. Per ODG, "The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration." This request does not meet guideline indications. Therefore, the request is not medically necessary.