

Case Number:	CM15-0067317		
Date Assigned:	04/15/2015	Date of Injury:	04/07/2008
Decision Date:	06/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/09/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 52 year old female with an industrial injury dated April 7, 2008. The injured worker diagnoses include cervicgia, lumbago and chronic pain syndrome. She has been treated with diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS), home exercise therapy and periodic follow up visits. According to the progress note dated 3/24/2015, the injured worker reported diffuse neck pain and bilateral low back pain. Lumbar spine exam revealed tenderness to palpitation, spasm, and positive bilateral lumbar facet loading. The treating physician prescribed services for right and left radiofrequency ablation at L2-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right radiofrequency ablation L2 (2 weeks post left RFA) QTY: 1.00: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) RFA.

Decision rationale: According to the ODG, facet rhizotomy, also called radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of RFA: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, previous RFA at this level (right L2) was done with no subsequent reports showing any change in pain, improvement in functionality, or decrease in the need for medications. There must be at least 50% improvement for 12 weeks to support a repeat or left L2 RFA. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

Right radiofrequency ablation L3 (2weeks post left RFA) QTY: 1.00: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) RFA, facet joint radiofrequency neurotomy.

Decision rationale: According to the ODG, facet rhizotomy, also called radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of RFA: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, previous RFA at this level (right L3) was done with no subsequent reports showing any change in pain, improvement in functionality, or decrease in the need for medications. There must be at least 50% improvement for 12 weeks to support a repeat or left L3 RFA. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

Right radiofrequency ablation L4 (2 weeks post left RFA) QTY 1.00: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) RFA.

Decision rationale: According to the ODG, facet rhizotomy, also called radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of RFA: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, previous RFA at this level (right L4) was done with no subsequent reports showing any change in pain, improvement in functionality, or decrease in the need for medications. There must be at least 50% improvement for 12 weeks to support a repeat or left L4 RFA. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

Left radiofrequency ablation L2 (2 weeks post right RFA) QTY: 1.00: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) RFA.

Decision rationale: According to the ODG, facet rhizotomy, also called radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of RFA: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, previous RFA at this level (left L2) was done with no subsequent reports showing any change in pain, improvement in functionality, or decrease in the need for medications. There must be at least 50% improvement for 12 weeks to support a repeat or right L2 RFA. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

Left radiofrequency ablation L3 (2 weeks post right RFA) QTY: 1.00: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) RFA.

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need for medications. There must be at least 50% improvement for 12 weeks to support a repeat or right L3 RFA. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

Left radiofrequency ablation L4 (2 weeks post right RFA) QTY: 1.00: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) RFA.

Decision rationale: According to the ODG, facet rhizotomy, also called radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of RFA: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block. (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. In this case, previous RFA at this level (left L4) was done with no subsequent reports showing any change in pain, improvement in functionality, or decrease in the need for medications. There must be at least 50% improvement for 12 weeks to support a repeat or right L4 RFA. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

