MAXIMUS Federal Services

Case Number:	CM15-0069158		
Date Assigned:	04/16/2015	Date of Injury:	03/11/1998
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 3/11/1998. He reported a fall on a staircase while carrying boxes. The injured worker was diagnosed as having lumbago. Treatment to date has included lumbar fusion surgery (2002), medications, physical therapy, and injections. The PR2 report, dated 3/20/2015, noted follow-up status post medial branch blocks of the right L4, L5, and S1 medial branches, targeting the right L5-S1 facet joint (3/05/2015). He reported 80% improvement in his pain immediately after the procedure for approximately 1 day, with return to baseline pain 2 days status post injection. Currently, the injured worker complains of right axial back pain without radiculopathy. The recommended treatment included radiofrequency ablation of the right L4, L5, and S1 medial branches, targeting the right L5-S1 facet joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RFA of the right L4-L5 and S1 medial branches with IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

Decision rationale: CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70 % reduction pain that lasts for at least two hours is obtained. (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 years 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, the pain relief from the medial branch block was reported to be 80 % for one day which meets criteria per ODG for a successful medial branch block. RFA right L4 L5 S1 is medically necessary.