

Case Number:	CM15-0078808		
Date Assigned:	04/30/2015	Date of Injury:	02/28/2002
Decision Date:	06/05/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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: Emergency 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 66 year old male, who sustained an industrial injury on 2/28/2002. The current diagnoses are back pain with facet arthrosis and status post thoracic spine surgery. According to the progress reports, the injured worker complains of thoracic spine pain. The current medication list is not available for review. Treatment to date has included medication management, X-rays, medical branch block (2/5/2015), and surgical intervention. Documentation is very poor. Most are single line notes with minimal information concerning pain or objective exam. There is not a single documented pain scale and only subjective claims of pain documented. Per notes, given the positive response to the medial branch block with greater than 50% improvement in pain relief, and a decrease in narcotic usage, a rhizotomy at T9-T10 is requested. X-ray of thoracic spine dated 12/13/14 reveals thoracolumbar fusion that was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy at T9-T10 (thoracic spine): 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 - Facet Joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) “Low Back-Lumbar and Thoracic”, “Facet joint radio frequency neurotomy”.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that properly relate to this topic. ACOEM only has general recommendation. Official Disability Guidelines were used for detailed criteria. As per Official Disability Guidelines basic criteria for recommendation of radio frequency ablation is a successful diagnostic facet block. A "successful" block requires objective documentation of improvement of at least 70% in pain lasting at least 2hours. The procedure note dated 2/5/15 fails to document response appropriately and unfortunately the provider invalidated own diagnostic block. Documentation shows there is no pain assessment prior to procedure and documents "55%" improvement after procedure. Procedure report states that the procedure was done under conscious sedation with Versed which invalids any claims of any improvement since a valid block cannot be biased by any sedatives or any opioid pain medications received at home or during procedure. The documentation of facet block fails to support criteria for radio frequency ablation. There is concern about validity of facet block findings and there is no clear objective improvement in pain or function after the block with very brief documentation concerning "55%" decrease in pain and decrease in opioid medication. However no details of improvement in VAS pain or how much decrease of opioid were documented. The provided documentation does not meet criteria for approval for Rhizotomy with invalid diagnostic block and less than required >70% improvement in pain threshold. Rhizotomy is not medically necessary.