

Case Number:	CM15-0091997		
Date Assigned:	05/19/2015	Date of Injury:	04/07/2011
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

Certification(s)/Specialty: Internal 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 55-year-old female who sustained an industrial injury on 04/7/11. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, right ankle surgery, and a diagnostic facet injection on 02/03/15, which provided nearly one month of pain reduction. Per the progress noted dated 03/27/15 the injured worker has previously undergone a median branch block. Diagnostic studies include a MRI of the lumbar spine on 07/29/11, which showed marked inflammatory response in the posterior elements at the L3-4 level, and a small left facet synovial cyst, L3-4 central stenosis, facet arthropathy and across dehydrated L4-5 disc, and small paracentral protrusion with fissure at L5-S1. MRI of the lumbar spine on 7/29/14, and rays of the spine and right ankle were not available for review in the submitted record. Current complaints include right ankle, back, and bilateral leg pain. Current diagnoses include cervical disc displacement and lumbar spinal stenosis. In a progress note dated 03/27/15, the treating provider reports the plan of care as continued physical therapy, and bilateral facet injections with sedation, and radiofrequency ablations with sedation. The requested treatments include bilateral lumbar facet injections with sedate and fluoroscopy and radiofrequency ablations with sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Permanent Lumbar Facet Injection, Re-Request Permanent Radiofrequency Facet Injection with IV Conscious Sedation and Fluoroscopy AKA Radiofrequency Ablation; each Additional Level Fluoroscopic Guidance Times 1; IV Sedation Times 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections), Facet joint chemical rhizotomy, Facet joint radiofrequency neurotomy, Facet rhizotomy (radio frequency medial branch neurotomy), Facet joint diagnostic blocks (injections). ACOEM 3rd Edition Low back disorders 2011 <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses facet joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) indicates that facet joint injections are not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. Official Disability Guidelines (ODG) indicates that facet joint chemical rhizotomy is not recommended. There are no studies. The procedure is considered experimental. Official Disability Guidelines (ODG) indicates that facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure. Studies have not demonstrated improved function. Facet joint radiofrequency neurotomy is also called facet rhizotomy, radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA). ODG criteria for the use of diagnostic facet joint diagnostic blocks (injections) for facet-mediated pain: One set of diagnostic medial branch blocks is required with a response of 70%. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. No more than 2 facet joint levels are injected in one session. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. The use of IV sedation may be grounds to negate the results of a diagnostic block. The pain medicine progress report dated 03/04/2015 documented that the patient continues to have low back pain, and reports shooting pains down the right side of the lower extremity. The patient is status post left sided lumbar facet joint injections performed on 2/3/15. The patient reported approximately 30% pain decrease at her postoperative appointment; however, she states at this point her pain has returned to baseline.

Bilateral permanent lumbar facet injection at L3-4, L4-5 and L5-S1 radiofrequency ablation were requested. The physician requested lumbar medial branch block at bilateral L3-4 and L4-5 lumbar RFA radiofrequency ablation. The patient has recently undergone a diagnostic lumbar facet injection at left L3-S1 on 2/3/15. Patient did report approximately 30% pain decrease in her axial lower back pain at her post-operative visit. This was a diagnostic injection. Currently, her pain has returned to baseline. ACOEM 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. ACOEM Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) indicates that facet joint injections are not recommended. ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy and facet rhizotomy are not recommended. ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy, neurotomy, and facet rhizotomy is not recommended. ACOEM 3rd Edition (2011) indicates that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. MTUS, ACOEM, and ODG guidelines do not support the request for bilateral permanent lumbar facet injection permanent radiofrequency facet injection radiofrequency ablation. Therefore, the request for bilateral permanent lumbar facet injection permanent radiofrequency facet injection radiofrequency ablation is not medically necessary.