MAXIMUS Federal Services

Case Number:	CM15-0096808		
Date Assigned:	05/27/2015	Date of Injury:	12/04/2014
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 47-year-old male; with a reported date of injury of 12/04/2014. The, diagnoses include exacerbation of pre-existing T3-T6 thoracic facet arthropathy. Treatments to date have included physical therapy, occupational therapy, and oral medications. The initial office visit dated 03/27/2015 indicates that the injured worker had increased thoracic spine pain. The physical examination showed well-preserved range of motion and normal thoracic kyphosis and paravertebral spasm and guarding in the left thoracic paravertebral region. It was noted that the injured worker had worsening thoracic paravertebral pain. He was required to use narcotic pain medications to treat the pain on a daily basis. It was also noted that there had been a change in his condition where he had a good response previously to a thoracic radiofrequency ablation, which was performed from T3-T6. The treating physician requested bilateral permanent thoracic facet injection at T4-T6 (radiofrequency ablation) under fluoroscopic guidance and IV (intravenous) sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent thoracic facet injections at T4-T6 radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187, 190, 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Bach Chapter, Facet joint radiofrequency neurotomy, Low Back Chapter, Facet joint injections, thoracic, Facet joint intra-articular injections, Facet joint medial branch blocks, Facet joint radiofrequency.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, for facet joint injections, Neck Chapter, for radiofrequency neurotomy.

Decision rationale: Based on the 3/27/15 progress report provided by the treating physician, this patient presents with thoracic spine pain, right distal lower extremity pain. The treater has asked for BILATERAL PERMANENT THORACIC FACET INJECTIONS AT T4-T6 RADIO FREQUENCY ABLATION on 3/27/15. The request for authorization was not included in provided reports. The patient is s/p thoracic radiofrequency ablation from December 2013 that gave greater than 50% relief for 6 months per 3/27/15 report. The patient is currently using hydrocodone, 2 tablets a day per 3/27/15 report. The patient is s/p repair of tibial fracture with intramedullary rodding from December of 2012 per 3/27/15 report. After this surgery, his thoracic pain worsened per 3/27/15 report. A thoracic MRI original report not included in documentation--showed central disc protrusion and extrusion at T4-5 and facet arthropathy and T11-12 with multilevel degenerative changes and spondylosis noted per 3/27/15 report. The patient is temporarily totally disabled per 3/4/15 report. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Regarding radiofrequency ablation, ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, and topic 'Radiofrequency Neurotomy', states that "While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be 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." The utilization review letter dated 5/7/15 denies request as the medial branch block and RFA treatment gave temporary relief to the thoracic spine but not the lumbar spine. In this case, the RF ablation of thoracic facet joints or DMB are not supported by the ODG guidelines. It limits facet joint treatments to Lumbar and Cervical spine. Under C-spine and upper back chapter, ODG states that it is limited to "cervical pain." The request IS NOT medically necessary.

IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187, 190, 300-301, 309. Decision based on Non-MTUS Citation Official

Disability Guidelines, Neck and Upper Bach Chapter, Facet joint radiofrequency neurotomy, Low Back Chapter, Facet joint injections, thoracic, Facet joint intra-articular injections, Facet joint medial branch blocks, Facet joint radiofrequency.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: Based on the 3/27/15 progress report provided by the treating physician, this patient presents with thoracic spine pain, right distal lower extremity pain. The treater has asked for IV SEDATION on 3/27/15. The request for authorization was not included in provided reports. The patient is s/p thoracic radiofrequency ablation from December 2013 that gave greater than 50% relief for 6 months per 3/27/15 report. The patient is currently using hydrocodone, 2 tablets a day per 3/27/15 report. The patient is s/p repair of tibial fracture with intramedullary rodding from December of 2012 per 3/27/15 report. After this surgery, his thoracic pain worsened per 3/27/15 report. A thoracic MRI original report not included in documentation--showed central disc protrusion and extrusion at T4-5 and facet arthropathy and T11-12 with multilevel degenerative changes and spondylosis noted per 3/27/15 report. The patient is temporarily totally disabled per 3/4/15 report. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Criteria for the use of diagnostic blocks for facet nerve pain8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety." In this case, review of reports show no signs of depression or anxiety, and no discussion regarding "extreme" anxiety to warrant sedation for the requested MBB. ODG guidelines states, "The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety." The medical necessity has not been established; and therefore, IS NOT medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187, 190, 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Bach Chapter, Facet joint radiofrequency neurotomy, Low Back Chapter, Facet joint injections, thoracic, Facet joint intra-articular injections, Facet joint medial branch blocks, Facet joint radiofrequency.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Lower Back Chapter under Fluoroscopy (for ESI's).

Decision rationale: Based on the 3/27/15 progress report provided by the treating physician, this patient presents with thoracic spine pain, right distal lower extremity pain. The treater has asked for FLUOROSCOPIC GUIDANCE on 3/27/15. The request for authorization was not included in provided reports. The patient is s/p thoracic radiofrequency ablation from December 2013 that gave greater than 50% relief for 6 months per 3/27/15 report. The patient is currently using hydrocodone, 2 tablets a day per 3/27/15 report. The patient is s/p repair of tibial fracture with intramedullary rodding from December of 2012 per 3/27/15 report. After this surgery, his

thoracic pain worsened per 3/27/15 report. A thoracic MRI original report not included in documentation showed central disc protrusion and extrusion at T4-5 and facet arthropathy and T11-12 with multilevel degenerative changes and spondylosis noted per 3/27/15 report. The patient is temporarily totally disabled per 3/4/15 report. ODG-TWC, Lower Back Chapter under Fluoroscopy (for ESI's) states: "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. See Epidural steroid injections (ESI's)." In this case, the patient has undergone a successful radio frequency ablation in December 2013. As prior radiofrequency, ablation gave 50% relief for 6 months, the treater is requesting for repeat radiofrequency treatment at T4-6. The RF ablation of thoracic facet joints or DMB is not supported by the ODG guidelines. It limits facet joint treatments to Lumbar and Cervical spine. Under C-spine and upper back chapter, ODG states that it is limited to "cervical pain." Fluoroscopy is indicated by ODG for epidural steroid injections. However, as the request for the repeat medial branch block and radiofrequency rhizotomy is not indicated, neither is the fluoroscopic guidance. The request IS NOT medically necessary.