

Case Number:	CM13-0002317		
Date Assigned:	12/11/2013	Date of Injury:	04/01/2010
Decision Date:	02/10/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year-old male truck driver for [REDACTED] with a 4/1/2010 industrial injury. There was no specific injury to the low back, but "he had come off his left foot and felt a sharp pain in his lumbar spine." The 11/6/13 report from [REDACTED] shows diagnoses of lumbago with left L4/5 and L5/S1 facet pain and left sacroiliitis. He is reported to have no pain with flexion or extension, SLR negative, some right-side posterior thigh numbness. He has tenderness with direct palpation over the left L4/5 and L5/S1 facet joints. The 11/6/13 report is inconsistent, as it states there is no pain with extension, then at the end of the paragraph states there is pain with extension. The patient is reported to have received an L5/S1 left ESI on 6/24/11, which decreased the radiculopathy, but the patient still reports having back pain. The patient had a 2nd ESI at L5/S1 and a left SI joint injection on 11/23/11. It was reported the patient received 20% relief of left leg symptoms, but continued with back pain. The patient received a left L5/S1 facet injection on 8/29/12. [REDACTED] reported there was good relief and the patient was able to flex forward and touch his toes with minimal discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 7/13/2013 Left Side L5-S1 Radiofrequency Ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back - Medial Branch Block.

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), online version, Section on Low Back - Diagnostic Facet Blocks.

Decision rationale: According to the 7/18/13 report by [REDACTED], the patient underwent a couple of lumbar ESI's at the L5/S1 level, the first one helped with radicular symptoms, but not back pain, the 2nd injection helped an additional 20% in the leg, but not the back. [REDACTED] requested L4/5 and L5/S1 diagnostic facet injections, but apparently UR modified the request to only allow the L5/S1 facet injection. This was done on 8/29/12 and [REDACTED] states on his 9/13/12 report, the patient had good relief and was able to forward flex and touch his toes with a minimal amount of discomfort. Then on 5/10/13 (8-months later), [REDACTED] reports the facet injection nearly completely resolved the back pain for a few weeks. [REDACTED] states he tried to get the RFA at L4/5 and L5/S1, but it was denied because there were no diagnostic studies on L4/5, but upon resubmission of his request with only the L5/S1 RFA, it too was denied by UR. The actual operative report/facet injection report was not provided for IMR. The medical reports provided are inconsistent, some reports document lumbar radiculopathy, while others state it is resolved and there is facet pain. Some reports state the facet injection was on 8/29/12, while other reports state this was an epidural injection. There is no evidence that the patient has received a successful and valid diagnostic lumbar facet medial branch block to support an RFA procedure. MTUS/ACOEM guidelines do not give recommendations for lumbar RFA, and if considered they should be performed "only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." I was not provided a copy of the differential dorsal ramus MBB, and cannot verify the date of the procedure or whether it was a valid study. I cannot determine if pain medication was given to the patient prior to or after the block, or if opioids were provided during the procedure, or if there was IV sedation, or if there was documented pain relief on a VAS. I cannot verify the date or positive outcome of the facet injection, and therefore cannot verify that the RFA procedure would be an appropriate deviation from ACOEM recommendations. Recommendation is for denial.