

Case Number:	CM13-0015214		
Date Assigned:	03/26/2014	Date of Injury:	09/15/1999
Decision Date:	08/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/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:

The patient is a 48-year-old male who has submitted a claim for Lumbar Facet Syndrome associated with an industrial injury date of September 15, 1999. Medical records from 2012 through 2013 were reviewed, which showed that the patient was out of work. On physical examination, there was spasm and tenderness in the lower lumbar area, increased with extension and unchanged with flexion. Straight leg raise test was negative. MRI of the lumbar spine dated March 7, 2013 revealed multilevel discogenic disease, 3-mm posterior disc bulge at L2-3, 3.5-mm disc protrusion at L3-4, and 4-mm disc protrusion at L4-5. Treatment to date has included medications, physical therapy, home exercise program, TENS unit, epidural steroid injection, and lumbar facet block (April 22, 2013). Utilization review from July 19, 2013 denied the request for radiofrequency thermocoagulation until a confirmatory diagnostic medial branch block was performed and the results documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY THERMOCOAGULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to pages 300-301 of the ACOEM Practice Guidelines referenced by CA MTUS, good quality medical literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar spine and that lumbar facet neurotomies reportedly produce mixed results. In addition, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the medical records failed to provide evidence that the patient previously underwent medial branch diagnostic blocks. An appropriate investigation is necessary prior to facet neurotomies. Therefore, the request for RADIOFREQUENCY THERMOCOAGULATION is not medically necessary.