

Case Number:	CM13-0021398		
Date Assigned:	11/08/2013	Date of Injury:	09/02/2003
Decision Date:	03/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in 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.

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 65-year-old injured worker who reported an injury on 09/02/2003. The patient is currently diagnosed with shoulder joint pain, lower leg pain, lumbago, bulging lumbar disc, lumbar spinal stenosis, and cervicalgia. The patient was seen by [REDACTED] on 09/11/2013. The patient reported ongoing lower back pain. Physical examination revealed slow gait, tenderness to palpation in the lumbar spine at L3-S1 levels, diminished range of motion, positive facet stress testing, negative straight leg raising, 5/5 motor strength, and intact sensation. Treatment recommendations included continuation of physical activity and current medications. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right and left medial branch nerve radiofrequency ablation, L3, L4, & L5 (office visit dated 8/14/13): 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).

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in

the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reported procedure mixed result. Facet neurotomies should be performed only after appropriate investigation involving control differential dorsal ramus medial branch blocks. The office visit note dated 08/14/2013 was not provided for this review. The latest physical examination only reveals tenderness to palpation with range of motion and positive facet stress testing. The patient previously underwent lumbar medial branch radiofrequency ablation of L3 through L5 on 02/12/2013. Documentation of an improvement in VAS score with a decreased need for medication and improved function following the radiofrequency ablation in 02/2013 was not provided. There was no imaging studies provided for review. There is also no evidence of a failure to respond to recent conservative treatment. The request for right and left medial branch nerve radiofrequency ablation, L3, L4, & L5 (office visit dated 8/14/13) is not medically necessary and appropriate.