

Case Number:	CM13-0023452		
Date Assigned:	11/15/2013	Date of Injury:	03/13/2006
Decision Date:	01/31/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/12/2013

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 Texas. 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:

The patient is a 48-year-old female who reported a work related injury on 03/13/2006. The patient has chronic lumbar backache and bilateral lower extremity radiculopathic pain. The patient's lumbar MRI revealed an annular tear at L5-S1. The patient has undergone epidural steroid injections, lumbar facet medial branch block, and sacroiliac joint injections. Recent clinical documentation stated the patient underwent a facet medial branch block with greater than 50% diminution of her pain. A request has been made for radiofrequency denervation at 2 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

radiofrequency denervation at two levels: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: The recent clinical documentation submitted for review stated the patient was currently taking MS Contin for her back pain. The patient underwent facet medial branch block with greater than 50% relief of her pain and a request would be made for a radiofrequency

denervation. The patient was noted to be positive for ruptured disc at L5-S1 and disc herniation at L5-S1. Official Disability Guidelines indicate criteria for the use of diagnostic blocks for facet mediated pain include documentation of failure of conservative treatment prior to the procedure for at least 4 weeks to 6 weeks and limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There was no evidence given in the submitted clinical documentation that the patient had failed conservative treatment to include home exercise, physical therapy, and treatment with NSAIDs. The patient was also noted to have complaints of radicular pain that radiated to her left lower extremity. An EMG revealed active radiculopathy to the right lower extremity. Criteria for use of facet joint radiofrequency neurotomy require a diagnosis of facet joint pain using a medial branch block. A response of greater than 70% of pain relief for at least 2 hours is required in order to proceed with a radiofrequency neurotomy. The clinical documentation does not support the request for radiofrequency denervation at 2 levels. As such, the request is non-certified.