

Case Number:	CM13-0023801		
Date Assigned:	11/15/2013	Date of Injury:	09/28/2011
Decision Date:	01/29/2014	UR Denial Date:	09/03/2013
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 Anesthesiology has a subspecialty in Acupuncture and Pain Medicine 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.

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 60 year old male who reported 9/28/11 as a date of injury. The patient complains of low back pain. He has been diagnosed with lumbar spondylosis, lumbar degenerative disc disease, axial back pain, lumbar radiculopathy, and lumbar disc protrusion. An MRI of the lumbar spine dated 10/21/11 showed lumbar facet joint arthropathy at L3-L4, L4-L5, and L5-S1 bilaterally. On 4/12/13 the injured worker underwent radiofrequency ablation on the left side and experienced greater than 70% continued pain relief. He has been treated with medication and physical therapy with good effect. Medial branch block and radiofrequency ablation on the right side are sought by the treating physician because he has the same pathology on both sides, and he benefitted from the RFA on the left. The date of UR decision was 9/3/13. The latest medical record available for this review was dated 9/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Branch Block at Right L3, L4, L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3000-301. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Low back Chapter, Facet joint pain, signs and symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Low back Chapter, Facet joint diagnostic blocks.

Decision rationale: The MTUS ACOEM Guidelines page 300 indicate facet injections of cortisone and lidocaine are of questionable merit. The 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 reportedly produce mixed results". The ODG indicates medial branch blocks are limited to low back pain that is non-radicular, but does not exclude their use for coexistent facetogenic pain when radicular pain is present. The medical records submitted for review indicate the injured worker has a diagnosis of lumbar radiculopathy in addition to facet arthropathy. It is possible to have two etiologies of his right sided pain, both radicular and facetogenic, corroborated by the MRI finding of facet arthropathy, and the finding of relief with contra lateral RF ablation of the medial branch nerves. This request is medically necessary.