

Case Number:	CM13-0025965		
Date Assigned:	01/10/2014	Date of Injury:	02/21/2010
Decision Date:	08/13/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 claimant is a 71-year-old woman, former housekeeper, claiming injury on February 21, 2010. She is status post lumbar fusion of L4-S1 on October 15, 2012 and continues to have severe low back pain. She is diagnosed with postlaminectomy syndrome and lumbar radiculopathy, affecting her ability to ambulate, including a left foot drop.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block (left L3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Radiofrequency Neurotomy.

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, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms.

Decision rationale: This patient has been diagnosed with radicular pain, which is a contraindication for medial branch block treatments. She has signs of radiculopathy per report

from the physician requesting this treatment, including a positive straight leg raise. Furthermore, only two levels maximum are to be done at once, and three were requested without specifying any particular time interval between injections. Therefore, the request is not medically necessary.

Medial Branch Block (left L4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Radiofrequency Neurotomy.

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, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms.

Decision rationale: This patient has been diagnosed with radicular pain, which is a contraindication for medial branch block treatments. She has signs of radiculopathy per report from the physician requesting this treatment, including a positive straight leg raise. Furthermore, only two levels maximum are to be done at once, and three were requested without specifying any particular time interval between injections. Therefore, the request is not medically necessary.

Medial Branch Block (left L5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Radiofrequency Neurotomy.

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, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms.

Decision rationale: This patient has been diagnosed with radicular pain, which is a contraindication for medial branch block treatments. She has signs of radiculopathy per report from the physician requesting this treatment, including a positive straight leg raise. Furthermore, only two levels maximum are to be done at once, and three were requested without specifying any particular time interval between injections. Therefore, the request is not medically necessary.

Radiofrequency Ablation (left L3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Radiofrequency Neurotomy.

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, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms; and Facet Joint Radiofrequency Neurotomy.

Decision rationale: Successful medial branch block (>70% improvement for at least 2 hours) must occur before rhizotomy is approved. This request precedes that. No more than two levels are to be done at once, and three are requested at this time without distinction of when they would occur (i.e. no plan for being completed at separate times). Additionally, the physician documents radiculopathy and has diagnosed her with such. There is no diagnosis of facet joint pain, which is required for rhizotomy. Therefore, the request is not medically necessary.

Radiofrequency Ablation (left L4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Radiofrequency Neurotomy.

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, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms; and Facet Joint Radiofrequency Neurotomy.

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Radiofrequency Ablation (left L5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Radiofrequency Neurotomy.

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