

Case Number:	CM13-0031044		
Date Assigned:	12/04/2013	Date of Injury:	12/07/2011
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/02/2013

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 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. 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 43-year-old male who reported an injury on 12/07/2011. The patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy and lumbosacral spondylosis without myelopathy. The patient was recently evaluated on 10/17/2013. The patient reported 5/10 lower back pain with radiation to the right lower extremity. Physical examination revealed diminished range of motion, tight muscle bands with spasm over the right lumbar paraspinal muscles, sciatic notch tenderness, positive straight leg raising on the right, positive Patrick's testing, tenderness to palpation over the greater trochanter, diminished strength on the right, and diminished sensation in the right L5 and S1 dermatomes. Treatment recommendations included a radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of the right L3-4 and right L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Chapter, online version: Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: 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 spine. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the clinical notes submitted, the patient has previously undergone diagnostic medial branch blocks. However, the patient currently reports ongoing lower back pain with right lower extremity radiation and weakness. The patient's physical examination reveals positive straight leg raising and Patrick's testing on the right, weakness in the right lower extremity, and diminished sensation in the right L5 and S1 dermatomes. Given the significant clinical findings indicating radiating pain with a radiculopathy component manifested by weakness in the lower extremities, the current request does not meet guideline recommendations. As such, the request is non-certified.