

Case Number:	CM13-0031623		
Date Assigned:	12/04/2013	Date of Injury:	12/17/2008
Decision Date:	01/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

Review of medical documentation identified that the patient sustained an industrial injury on December 17, 2008. Documentation does not describe specifics regarding mechanism of injury. The patient has been under the care of treating physician for lumbar degenerative disc disease status post lumbar fusion with lumbar facet hypertrophy, and bilateral neuropathic pain in legs. Diagnostic work up has included and x-ray performed on December 10, 2011, which demonstrated no change in alignment of L2-L4 fusion. A lumbar MRI was also provided for review which was performed on December 1, 2011, which demonstrated alignment within normal limits status post L2-L4 laminectomy, and fusion, grade 1 anterolisthesis of L3-L4 is unchanged. A lumbar MRI performed on May 30, 2012 was also reviewed which demonstrated unchanged alignment unchanged with grade 1 anterolisthesis of L3-4 status post L2-4 laminectomy and hardware fusion. The septated intramural or epidural posterior fluid collection from L2-5 suggests arachnoid cysts. The most recent evaluation provided for review is November 7, 2012. The patient presented with a cane. It is noted that the patient is currently working and is trying to wean off OxyContin and is down by 80mg so far. The physical exam demonstrated antalgic gait favoring the right leg, and tenderness of lumbosacral musculature, bilateral lumbar facets, and right sacroiliac (SI) region are noted. Bilateral lower extremities are noted to have generalized sensory decrease. Moderate to severe pain is noted on extension and rotation of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a Lumbar Radiofrequency Ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: According to ACOEM guidelines Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Lumbar facet presenting in the transitional phase between acute and chronic pain neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. According to the Official Disability Guidelines facet joint medial branch blocks are not recommended except as a diagnostic tool. Therefore the request for Lumbar Radiofrequency Ablation is not medically necessary and appropriate.