

Case Number:	CM13-0035014		
Date Assigned:	12/11/2013	Date of Injury:	10/22/2009
Decision Date:	03/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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 Mnaagement, 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:

This is a 45 year old female per referral. Per the 3/1/13 authorization request, the claimant is status post L3-5 anterior disc replacement and fusion. Follow up visit dated 09/06/13 identifies that the claimant presented with complaints of constant low back pain axially radiating in the mid back area with occasional radicular pain in the left leg as well as tingling and numbness. Pain is rated at 7-8/10 with intermittent flare up. The patient reports having very good relief of pain after medial branch blocks. Lumbar spine exam revealed restricted ROM with positive hyper-extension maneuver and increased lordosis. Paravertebral muscle spasm and localized tenderness was present in the lumbar facet joints at L4-LS and L5-S 1. Bilateral sitting straight leg rise is 50/60 degrees and manual motor strength 4/5. It was recommended the claimant undergo radiofrequency lesioning at bilateral L3, L4 and L5 medial branch as she had 70-80% pain relief after the medial branch block for a few weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning at bilateral L3, L4, L5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) -TWC- Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 02/13/14)Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Regarding the request for radiofrequency lesioning at bilateral L3, L4, L5 medial branch block, this does not meet ODG and ACOEM Criteria for medical necessity, as the claimant is suspected of having radiculopathy which is exclusionary criteria. ODG states that there should be no evidence of radicular pain, spinal stenosis, or previous fusion, Also there no documentation of initial injection report with respect to initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. Therefore the request for radiofrequency lesioning at bilateral L3, L4, L5 medial branch block is not medically necessary.