

Case Number:	CM13-0035338		
Date Assigned:	12/13/2013	Date of Injury:	05/03/2002
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurology, has a subspecialty in Neuromuscular 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. 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:

██████████ is a 68 year old woman who sustained a work related injury on May 3 2002. He was developed chronic back pain and was subsequently diagnosed with multilevel lumbar degeneration. Her physical examination showed lumbar paraspinal tenderness and reduced range of motion of the lumbar spine. He was treated with pain medications, physical therapy and lumbar median branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency L4-5 and L3-4 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, 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. Facet neurotomies should be performed only after appropriate investigation involving controlled

differential dorsal ramus medial branch diagnostic blocks. There is no clear objective documentation of pain and improved function from previous injections. The duration and quantification of the pain relief from previous injection should be objectively documented. Therefore, Lumbar Radiofrequency L4-5 and L3-4 Bilaterally is not medically necessary.