

Case Number:	CM13-0036787		
Date Assigned:	12/13/2013	Date of Injury:	07/08/2010
Decision Date:	02/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesiology, has a subspecialty in Pain 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:

The patient is a 57 year old male who reported an injury on 07/08/2010. The patient reported on most recent note that he is rarely taking his medications and did not need any refills at that time. It is noted that the patient has headaches that have decreased since radio frequency ablation of T2-3. Upon examination there was tenderness with palpation in the mid back at T7-10 level. Facet loading was positive in the mid back. Bilateral upper and lower extremities strength 5/5, sensation intact to light touch to bilateral upper and lower extremities, no atrophy or wasting was noted, and reflex to lower extremities was within normal limits. The patient's current diagnosis includes: lumbago, lumbar spondylosis, facet syndrome, cervicgia, and thoracic spine pain. The noted plan was to continue his current medications and return to the clinic in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T8 and T9 medial branch radio frequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for bilateral T8 and T9 medial branch radio frequency ablation is non-certified. The patient has tenderness to mid back at T7-10 level with palpitation and positive facet loading to mid back. It is noted that the patient had 5/5 strength to upper and lower extremities as well as intact sensation. The patient reflex to lower extremities is within normal limits. The American College of Occupational and Environmental Medicine indicates that 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. The Official Disability Guidelines indicate that recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. As stated above, T8 and T9 medial branch radio frequency ablation is not recommended. Therefore, the request is non-certified.