

Case Number:	CM13-0037503		
Date Assigned:	12/13/2013	Date of Injury:	02/11/2008
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery, had a Fellowship in Spine Surgery and 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 32-year-old male who reported a work-related injury on 02/11/2008, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: lumbago and status post L4-S1 anterior fusion and L3-4 disc replacement. Clinical note dated 11/07/2013 reports the patient was seen under the care of [REDACTED] for his continued lumbar spine pain complaints. The provider documents upon physical exam of the patient, tenderness to palpation along the actual spinous processes from L4-S1, right greater than left, was noted. In addition, the patient had complaints of discomfort upon palpation of the right SI joint. The provider documented the patient had positive straight leg raise to the right lower extremity. The provider documented 5/5 motor strength noted throughout the bilateral lower extremities. The provider reported the patient presents with a moderate to severe amount of pain, as well as new right-sided radiculopathy. The provider documented the patient utilizes Norco, Valium, and neurontin for his pain complaints. The provider recommended status post new imaging of the lumbar spine that the patient undergo an epidural steroid injection with right-sided SI joint injection, as the provider reported these interventions had afforded this patient pain relief in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Destruction by Neurolytic Agent, paravertebral facet joint nerve(s), with imaging guidance (Fluoroscopy or CT0; cervical or thoracic, single facet joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The current request is not supported. Clinical documentation submitted for review reports multiple months ago, the patient was recommended to undergo a multilevel radiofrequency ablation to the lumbar spine, as it was reported this intervention had previously afforded the patient some pain relief. However, the clinical notes are unclear as to when the patient last underwent a medial branch block to support guideline recommendations; as well as quantifiable evidence of a decrease in rate of pain on a VAS, increase in objective functionality, and duration of pain relief status post previous radiofrequency ablations were not evidenced in the clinical notes for review. California MTUS/ACOEM indicates 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. Given all the above, the request for destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint is not medically necessary or appropriate.