

Case Number:	CM13-0041955		
Date Assigned:	12/20/2013	Date of Injury:	08/13/2012
Decision Date:	03/25/2014	UR Denial Date:	10/08/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 male patient with a date of injury of 8/13/12. A utilization review determination dated 10/8/13 recommends non-certification of radiofrequency procedure @ L4-5 and L5-S1. A progress report dated 12/9/13 identifies a history of lumbar medial branch block on 7/9/13, which provided 50% relief of his lower back pain for about 6 hours before returning. Subjective complaints include constant lower back pain without any radiation down the legs. Objective examination findings identify restricted lumbar ROM with tenderness over the spinous processes and paraspinal muscles, very mild tenderness at the SI joints. Neurologic exam revealed no deficits. Diagnoses include degenerative disc disease at L4-5 and L5-S1 as well as mild facet spondylosis at L5-S1 plus apparent discogenic disease at L4-5 without any lower extremity radiculitis. Treatment plan recommends lumbar radiofrequency procedure at presumably L4-5 and L5-S1. The patient also states that he believes he could live with his residual pain if is relieved by 50% long term, which would take the surgical options off of the table for the foreseeable future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Procedure; L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-301.

Decision rationale: Regarding the request for radiofrequency procedure L4-5, L5-S1, the MTUS Guidelines indicate that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Within the documentation available for review, there is documentation that the lumbar medial branch blocks provided 50% relief of lower back pain for about 6 hours and then returned. This is consistent with the expected relief from a diagnostic block. The provider notes that there are no radicular symptoms or findings, which also supports the facets as a likely pain generator. Furthermore, the employee notes that he believes he could live with his residual pain and would not be considering surgical options in the foreseeable future if radiofrequency ablation is able to relieve the pain by the same 50%. In light of the above, the currently requested radiofrequency procedure L4-5, L5-S1 is medically necessary