

Case Number:	CM13-0042317		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2010
Decision Date:	04/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 61 year old female with a date of injury of 03/31/2010. The listed diagnoses per [REDACTED] dated 09/23/2013 are: 1. Lumbar facet arthropathy, again confirmed by significant, but only short term improvement with lumbar facet injections 2. Lumbar degenerative disc disease 3. Overlying lumbar PSM spasm 4. Osteoarthritis 5. Opiate addiction vs. pseudoaddiction 6. Severe, chronic pain, refractory to conservative therapy, and significantly limiting patient's functionality and quality of life. According to the progress report dated 09/23/2013, the patient complains of low back pain, worse on the left but occasionally radiating to the right side. She reports minimal lower extremity radiating pain. The patient states that she got significant relief and improvement with lumbar facet blocks for about a week, then subsequent return to baseline pain after that.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET MEDIAL BRANCH RADIO FREQUENCY LESIONING UNDER FLUOROSCOPIC GUIDANCE AT FIVE LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 300-301.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a bilateral lumbar facet medial branch radiofrequency lesioning under fluoroscopic guidance at 5 levels. The utilization review denied the request stating that the request exceeds the 2-joint maximum level recommended by ODG Guidelines and documentation does not provide a report of a positive medial branch block. The review of reports shows that the patient recently received a lumbar facet medial branch block on 09/06/2013. The progress report dated 09/23/2013 shows that the patient experienced significant pain relief and improvement in function from her lumbar facet blocks for about a week before returning to baseline pain. The ACOEM Guidelines do support facet rhizotomy following a differential diagnostic DMB blocks (p300,301). ODG guidelines, however, do not support evaluating more than two levels. In this case, 4-5 level evaluations were excessive and likely resulted in a false positive response. The patient's dramatic response lasting a week is also an indication of false positive response as one would not expect more than 4-6 hours of relief from local anesthetic. The request is not medically necessary and appropriate.