

Case Number:	CM13-0049438		
Date Assigned:	12/27/2013	Date of Injury:	11/12/2008
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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, and is licensed to practice in Illinois. 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 46-year-old male who reported a work-related injury on 11/12/2008 due to lifting a heavy object. MRI of the patient's lumbar spine dated 05/14/2009 revealed lower lumbar spine disc desiccation at L3-4 and L4-5 levels. The patient's diagnoses included lumbar facet joint syndrome, low back pain, and lumbar facet joint arthralgia/synovitis. The patient underwent a right L3-4, L4-5, and L5-S1 facet joint medial branch block on 03/07/2013 in which the patient reported 90% improvement of his right low back pain with improved lumbar range of motion 30 minutes after the injection procedure which lasted for greater than 2 hours. The patient also underwent a medial branch block to left L3-4, L4-5, and L5-S1 on 08/15/2013 that provided 70% relief for 30 minutes lasting longer than 2 hours. A request has been made for bilateral L3-4, L4-5, and L5-S1 facet joint radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5, and L5-S1 facet joint radiofrequency nerve ablation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, section on Facet joint radiofrequency neurotomy

Decision rationale: Recent clinical documentation stated the patient complained of bilateral low back pain radiating to the right buttock. Tenderness upon palpation was noted over the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints. Lumbar and bilateral shoulder ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion and lumbar facet joint and bilateral shoulder provocative maneuvers were positive. Muscle strength was 5/5 in all limbs. Official Disability Guidelines indicate that while repeat neurotomies may be required, current literature does not support the procedure is successful without sustained pain relief of at least 6 months duration. No more than 3 procedures should be performed in a year period. Furthermore, guidelines state that no more than 2 joint levels are to be performed at 1 time. The request indicated that 3 joint levels would be injected for the facet joint radiofrequency nerve ablation. The clinical documentation submitted for review does not meet Official Disability Guideline criteria for facet joint radiofrequency ablation. Therefore, the request is not medically necessary and appropriate.