

Case Number:	CM13-0049938		
Date Assigned:	04/07/2014	Date of Injury:	11/12/2008
Decision Date:	05/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 12, 2008. Thus far, the applicant has been treated with Analgesic medications, transfer of care to and from various providers in various specialties, several interventional spine procedures, including medial branch blocks and SI facet blocks on March 7, 2013 and work restrictions. In a utilization review report of October 28, 2013, the claims administrator denied a request for multilevel facet joint blocks at L3-L4, L4-L5, and L5-S1. Despite the fact that ACOEM addresses the topic, the claims administrator cited non-MTUS ODG Guidelines. The claims administrator also denied the request on the grounds that ODG does not support injecting more than two joint levels but stated that there was evidence that the applicant had had a favorable response to earlier diagnostic medial branch blocks. An October 29, 2013 progress note was notable for comments that the applicant was reporting persistent low back and buttock pain. The applicant stated that bending, twisting, and lifting exacerbate the same. The applicant was on Motrin and Norco, it was stated. The applicant was described as working full-time modified duty as a tractor driver. 5/5 lower extremity strength was noted with facetogenic pain elicited with range of motion testing. The attending provider went on to appeal the previously denied facet joint injections, stating that the applicant had responded favorably to earlier diagnostic medial branch blocks in March 2013, which reportedly provided the applicant with 90% pain relief. Tramadol was endorsed, along with a 15-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L4, BILATERAL L4-L5, AND BILATERAL L5-S1 FACET JOINT RADIOFREQUENCY NERVE ABLATION RHIZOTOMY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Facet Joint Radiofrequency Neurotomy.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, facet neurotomies/radiofrequency ablation procedures/rhizotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial diagnostic blocks. In this case, the applicant reportedly achieved the requisite analgesia with the diagnostic medial branch blocks. These were successful in alleviating the applicant's complaints. The applicant does not seemingly have other pain generators. There is no mention of any radicular symptoms or signs present here. The applicant did apparently achieve and/or maintain successful return to work status as a result of the earlier diagnostic medial branch blocks. Proceeding forward with the multilevel radiofrequency nerve ablation rhizotomy procedure is therefore indicated. Accordingly, the request is medically necessary, on Independent Medical Review.