

Case Number:	CM13-0055142		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2002
Decision Date:	05/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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 Arizona. 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 72-year-old female with a date of injury on 6/12/02. The mechanism of injury is not explained in the medical records. The injured worker suffers from chronic back pain; she presented with significant back pain particularly on the right side and was seen by the treating physician on 10/17/13. Examination showed tenderness along the right side along the facet joints at L4-5, L5-S1 as well as L2-3. Patrick's test was positive; gait was antalgic and she used a cane for assistance. Extension of the lumbar spine was positive for back pain. Her body mass index is 31. The patient was given clinical diagnosis of sacroiliitis and pain was being managed with opiates. The treating physician on this date recommended right-sided radiofrequency lesion at the L2-3 and L4-5 levels. This patient has previously undergone medial branch blocks in 2011 at L2-3 and L4-5 on the right with improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIO FREQUENCY LESIONING RIGHT L2-3, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Medial Branch Blocks, Facet Joint Radiofrequency Neurotomy.

Decision rationale: Official disability guidelines state facet joint radiofrequency neurotomy has conflicting evidence available as to the efficacy of this procedure. Treatment requires a diagnosis of facet joint mediated pain using a medial branch block. The patient did undergo such procedure in 2011 with improvement for an unspecified duration. According to the records, radiofrequency neurotomy was not performed. The patient's pain is currently managed with opiates. A diagnosis of sacroiliitis may complicate the picture and it does not qualify for radiofrequency and neurotomy. Therefore adequate information does not exist in the medical records to justify such procedure. ACEOM guidelines do not provide a favorable evidence for this procedure since quality literature for a lumbar procedure does not exist and lumbar facet neurotomy reportedly produce mixed results.