

Case Number:	CM13-0055840		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2008
Decision Date:	03/18/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, 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:

According to the records made available for review, this is a 45-year-old male with a 7/24/08 date of injury. At the time of request for authorization for 1 bilateral radiofrequency neuro ablation at the L3-L4 and L5-S1 levels under fluoroscopy with sedation (to be completed on separate days), there is documentation of subjective (low back pain) and objective (moderate bilateral paraspinal tenderness with palpation) findings, current diagnoses (lumbar facet pain and chronic low back pain), and treatment to date (activity modification, facet blocks, and medications). 10/11/13 medical report indicates that the patient previously underwent diagnostic facet blocks on two different occasions with good results. 6/27/13 medical report states that the patient underwent L3-4, L4-5, and L5 and S1 facet medial branch nerve blocks on 6/20/13 with excellent relief. There is no documentation of medial branch blocks with a response of $\hat{\approx}$ 70%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral radiofrequency neuro ablation at the L3-L4 and L5-S1 levels under fluoroscopy with sedation (to be completed on separate days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of $\geq 70\%$, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar facet pain and chronic low back pain. In addition, there is documentation of at least one set of diagnostic medial branch blocks and no more than two joint levels will be performed at one time. However, despite documentation of previous medial branch blocks with excellent pain relief, there is no (clear) documentation of medial branch blocks with a response of $\geq 70\%$. In addition, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for 1 bilateral radiofrequency neuro ablation at the L3-L4 and L5-S1 levels under fluoroscopy with sedation (to be completed on separate days) is not medically necessary.