

Case Number:	CM13-0057910		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2010
Decision Date:	05/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Texas and Oklahoma. 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 injured worker is a 66-year-old male who reported an injury on 03/11/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, epidural steroid injections, a home exercise program, multiple medications and a medial branch block. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had limited range of motion of the lumbar spine secondary to pain, with tenderness to palpation over the paravertebral musculature and positive lumbar facet loading tests bilaterally. The injured worker also had decreased motor strength in the right lower extremity, decreased sensation to light touch over the lateral foot and 1st, 2nd, 3rd, 4th and 5th toes of the right lower extremity with decreased deep tendon reflexes. The injured worker's diagnoses included lumbar facet syndrome, low back pain, sprain of the lumbar region and lumbar degenerative disc disease. A recommendation was made for a lumbar radiofrequency ablation. The injured worker was evaluated on 12/04/2013. It was documented that the injured worker had previously undergone a medial branch block on 09/14/2011 with "good" results. It was noted that the injured worker wanted to pursue more conservative measures, to include physical therapy and acupuncture, prior to a radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PROCEDURE: LUMBAR RADIOFREQUENCY ABLATION L3, L4, & L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine recommends radiofrequency neurotomies after diagnostic medial branch blocks produce results confirming a facet-related pain generator. The clinical documentation submitted for review does indicate that the injured worker underwent a medial branch block in 2011. However, the specifics of that diagnostic study were not provided for review. There was no way to determine at what levels this diagnostic study was administered to. Therefore, the appropriateness of a radiofrequency ablation at the L3, L4 and L5 cannot be determined. Additionally, there is no documentation of a quantitative assessment of pain relief or functional benefit as a result of the prior medial branch block. Additionally, the clinical documentation does indicate that the injured worker has participated in conservative treatments that may affect the outcome of additional diagnostic studies. As such, the requested outpatient procedure of a lumbar radiofrequency ablation at the L3, L4 and L5 is not medically necessary or appropriate.