

Case Number:	CM13-0060336		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2000
Decision Date:	03/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 PM&R, has a subspecialty in Interventional Spine 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:

The patient is a 64 year old male with date of injury 7/26/00. The treating physician report dated 11/15/13 indicates that the patient has flaring of lower back pain with radiation down the legs. He previously underwent L4 to S1 laminectomy in 1999. The current diagnoses are: 1.Back pain mostly localized with DDx of facet arthropathy vs failed back pain 2.right L4 radic-mostly paresthesia Utilization review report dated 11/25/13 indicates that approval was provided for left sided medical branch block RFA of the L3, L4 and L5 levels but not the S1 or S2 levels as ODG does not support treatment with RFA to the S/I joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medical branch radiofrequency L3-S2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with flaring of lower back pain and pain radiating down the legs. Examination findings indicate positive facet loading and previous left L3-L5 MBRF (10/26/12) 90% relief lasting 13 months and left SIJ (3/29/13) with 100% relief for 6 months.

There is no documentation of sacroiliac dysfunction in the reports reviewed. The MTUS guidelines do not address left medial branch radiofrequency L3- S2 as appealed in the 12/3/13 IMR form. The ODG guidelines do address facet joint radiofrequency neurotomy and Sacroiliac joint radiofrequency neurotomy. The criteria for facet joint radiofrequency neurotomy #4 states that no more than two joint levels are to be performed at one time and criteria #6 states there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The current request is for left L3-S2 medial branch radiofrequency is not supported as the request is for S1 and S2 medial branches that do not go into any facet joints. L5-S1 facet joint, or the lowest one, is supplied by L4 and L5 dorsam medial branches. The treater may be trying to treat the SI joints with RF ablation but it is not clear. The request is for more than two joint levels, and cover levels that are not supported by the ODG guidelines. There is also lack of functional improvement following prior RF ablation although significant subjective pain improvements are noted. Recommendation is for denial.