MAXIMUS Federal Services

Case Number:	CM13-0060583		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2011
Decision Date:	06/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgeryand 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 records reflect that this is an individual who sustained an injury on September 6, 2011, reportedly secondary to a slip and fall type event. A twisting injury to the knee is also noted. A chronic low back pain situation developed subsequent to this injury and was treated with median branch blocks. A clinical assessment notes the medications only help the pain temporarily. Imaging studies noted a lumbar spondylosis. Low back symptoms were temporarily resolved after the medium by Fox completed in October, 2013. The records reflect a psychiatric diagnosis of major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIO FREQUENCY ABLATION MEDIAL BRANCHES RIGHT L4, AND L5 PRIMARY DORSAL RAMI UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Therapeutic Facet Joint Injections is Not Recommended for Acute, Sub-Acute and Chronic Low Back Pain (Limited Evidence C)) Facet-joint injections are not recommended for the treatment of low back disorders. The records do reflect a subject of pain

relief scenario after the previous medial branch blocks. However, when considering the demographic data, the short-term response to the injections, and the lack of data supporting such a procedure in the lumbar spine, this is not indicated.