

Case Number:	CM13-0061176		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2011
Decision Date:	03/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 Georgia. 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 claimant is a 48-year-old male presenting with low back pain following a work-related injury on October 20, 2011. MRI of the lumbar spine reveals facet disease at L4-S1. EMG was negative for any abnormality. MRI of the knee was significant for shallow medial condyle chondral defect with tiny marginal flap, moderate to low femoral chondromalacia, extensor mechanism and enthesopathy. The physical exam revealed ongoing tenderness to the lumbar paraspinal muscles. The claimant had a left L3-5 medial branch block on January 2013. The claimant reported benefit following the medial branch blocks. The claimant was diagnosed with left lower lumbar facet joint syndrome, and left greater trochanter bursitis. The claimant's medications include ibuprofen 800 mg twice a day as needed and Prilosec 20 mg a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

An L3-L5 radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Thoracic and Lumbar Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: Right L3, L4 and L5 radiofrequency ablation MTUS references the Occupation medicine practice guidelines on page 300 which states 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. Additionally, the Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is nonradicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. A request was made for three levels when only two levels are certifiable per ODG criteria. Additionally, there is not documentation that the claimant had right sided diagnostic blocks prior to the radiofrequency, therefore, the request is not medically necessary.