

Case Number:	CM13-0061475		
Date Assigned:	12/30/2013	Date of Injury:	09/21/1999
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old female who reported an injury on 09/21/1999. The mechanism of injury was not provided in the medical records. The patient's diagnoses include lumbar disc degeneration, lumbar stenosis, and lumbar radiculopathy. Her symptoms are noted to include chronic low back pain and right leg pain. Her physical examination findings of the lumbar spine include tenderness and spasm in the lumbar paraspinal muscles. A treatment plan has been shown to include a repeat right L3, L4, and L5 medial branch radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

repeat right sided L3-L5 medial branch radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According ACOEM guidelines, facet neurotomies should be performed only after appropriate investigation involving controlled differential medial branch diagnostic blocks. The guidelines further state that there is good quality medical literature demonstrating

effectiveness of RFA in the cervical spine; however, similar quality literature does not exist regarding the lumbar region. The clinical information provided for review indicated that the patient has objective findings of lumbar paraspinal muscle tenderness and spasm; however, there is no recent documented evidence of objective tenderness to palpation over the facet joints. Additionally, the patient was shown to symptoms and a diagnosis of lumbar radiculopathy. Moreover, the results and details regarding the patient's previous medial branch blocks and radiofrequency ablation at the requested level were not provided. However, a 01/14/2013 orthopedic spine surgeon evaluation indicated that the patient had a history of a previous radiofrequency ablation of the lumbar spine, several epidural injections, and nerve blocks; however, she reported only 3 days of relief following all of her previous injections. As the clinical information submitted fails to show documented evidence consistent with facet joint signs and symptoms in the lumbar spine and previous RFA was noted to provide no more than 3 days of relief, a repeat right L3, L4, and L5 medial branch RFA is not supported by evidence based guidelines. As such, the request is non-certified.