

Case Number:	CM13-0063021		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2011
Decision Date:	05/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation, 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 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 56-year-old male who reported an injury on 03/15/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back, upper back, right hip, and right shoulder. The injured worker's treatment history included physical therapy. The injured worker was evaluated on 09/09/2013. Physical findings included lateral facet loading maneuvers positive for axial back pain. The injured worker's diagnoses at that time included low back pain. The injured worker's treatment plan included bilateral medial branch block at the L3-4 and L4-5 levels. A Letter of Medical Necessity dated 12/04/2013 documented that the injured worker underwent bilateral L3-4 and L4-5 medial branch blocks on 10/29/2013. It was documented that the injured worker's initial pain was rated at an 8/10 and reduced to a 1/10 approximately 10 minutes after the injection with pain relief for approximately 2 hours. A treatment recommendation was made for bilateral L3-4, L5 radiofrequency ablations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Neurotomy with Radiofrequency Ablation Bilateral L2, QTY 1.00:
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).

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

Decision rationale: The requested lumbar medial branch neurotomy with radiofrequency ablation bilaterally at the L2, quantity 1, is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends radiofrequency ablation be based on medial branch blocks that provide appropriate pain relief. The clinical documentation submitted for review does indicate that the patient underwent L3, L4, L5 medial branch blocks for facetogenic pain at the L4-5 and the L5-S1 facet joints. It was noted that the patient received pain relief rated at an 8/10 prior to diagnostic injections and reduced to a 1/10 for approximately 2 hours time. This would be considered an appropriate response. However, the medial branch at the L2 level was not part of the medial branch blocks. Therefore, the appropriateness of a radiofrequency ablation at the L2 level cannot be determined. As such, the requested lumbar medial branch neurotomy with radiofrequency ablation at the L2 is not medically necessary or appropriate.

Lumbar Medial Branch Neurotomy with Radiofrequency Ablation Bilateral L3, QTY 1.00:
Overturned

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

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

Decision rationale: The requested lumbar medial branch neurotomy with radiofrequency ablation at the bilateral L3, quantity 1, is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient underwent medial branch blocks bilaterally for the L4-5 and L5-S1 facet joints. This would include the L3 medial branch bundle. It was documented that the patient received pain relief described as 8/10 prior to the diagnostic injection, reduced to a 1/10 for approximately 2 hours time. The American College of Occupational and Environmental Medicine recommends radiofrequency ablation after an appropriate response to medial branch blocks. As such, the requested lumbar medial branch neurotomy with radiofrequency ablation bilaterally at L3, quantity 1, is medically necessary and appropriate.

Lumbar Medial Branch Neurotomy with Radiofrequency Ablation Bilateral L4, QTY 1.00:
Overturned

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

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

Decision rationale: The requested lumbar medial branch neurotomy with radiofrequency ablation at the bilateral L4, quantity 1, is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient underwent medial branch blocks bilaterally for the L4-5 and L5-S1 facet joints. This would include the L4 medial branch bundle. It was documented that the patient received pain relief described as 8/10 prior to the diagnostic injection, reduced to a 1/10 for approximately 2 hours time. The American College of Occupational and Environmental Medicine recommends radiofrequency ablation after an appropriate response to medial branch blocks. As such, the requested lumbar medial branch neurotomy with radiofrequency ablation bilaterally at L4, quantity 1, is medically necessary and appropriate.