

Case Number:	CM13-0064116		
Date Assigned:	01/03/2014	Date of Injury:	01/08/2009
Decision Date:	05/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 & 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:

According to the records made available for review, this is a 43-year-old male with a 1/8/09 date of injury. At the time (11/5/13) of request for authorization for one (1) bilateral radiofrequency ablation of L5-S1 under sedation with fluoroscopic guidance at [REDACTED], there is documentation of subjective (neck pain and neuropathic symptoms) and objective (decreased range of motion, positive facet joint pain, and decreased sensation) findings, current diagnoses (lumbar spine radiculitis, cervicalgia, and chronic neck and low back pain), and treatment to date (bilateral facet joint injection with less than 50% relief and medications). There is no documentation of at least one set of diagnostic medial branch blocks with a response of less than or equal to 70%. In addition, there is no documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) BILATERAL RADIOFREQUENCY ABLATION OF L5-S1 UNDER SENSATION WITH FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300-301.

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after

appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of less than or equal to 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculitis, cervicgia, and chronic neck and low back pain. In addition, there is documentation of a previous bilateral facet joint injection with a response of less than 50%. However, given documentation of a previous medial branch block with a response of less than 50%, there is no documentation of at least one set of diagnostic medial branch blocks with a response of less than or equal to 70%. In addition, there is no documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for one (1) bilateral radiofrequency ablation of L5-S1 under sedation with fluoroscopic guidance is not medically necessary.