

Case Number:	CM13-0066611		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2008
Decision Date:	05/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Fellowship trained in Spine Surgery 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 48-year-old male who reported an injury on 03/14/2008. The injured worker was diagnosed in 01/2009 with degenerative changes to his lumbar spine. He underwent a radiofrequency neurotomy on 02/23/2011 at the L3-4 and L4-5 levels bilaterally. The injured worker was seen most recently on 11/20/2013, whereupon it states under the "Discussion and Plan" heading that the injured worker received 80% low back pain relief from his previous radiofrequency ablation performed in 02/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 RADIOFREQUENCY LUMBAR MEDIAL BRANCH NERVE BLOCK, BILATERALLY AT L4, L5, AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to the California MTUS/ACOEM Practice Guidelines, there is good quality medical literature that demonstrates how radiofrequency neurotomies of the facet nerve joints in the cervical spine have provided good temporary relief of pain. However, similar

quality literature does not exist to support the same procedure in the lumbar region. There is confusion over the amount of time the injured worker had his pain relief from his previous ablation. The documentation states that the injured worker had well over 2 years of considerable low back pain relief. However, the same documentation indicates that the injured worker's pain returned well before that time. If the calculations are correct, the injured worker had a return of back pain in 10/2012. According to Official Disability Guidelines, neurotomies should be repeated unless duration of relief from the first procedure has been at least 12 weeks. Although the injured worker had significant relief from the first ablation, the most current clinical documentation dated 11/20/2013 states that the injured worker has symmetrically decreased deep tendon reflexes in his bilateral lower extremities. This indicates the injured worker had radicular findings, which is not supported for undergoing a radiofrequency ablation. As such, the requested service is not medically necessary and appropriate.