

Case Number:	CM13-0067714		
Date Assigned:	01/17/2014	Date of Injury:	08/04/2010
Decision Date:	04/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/18/2013

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 Spinal Surgery, and is licensed to practice in Texas and 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 patient is a 40-year-old male who reported an injury on June 15, 2009. The mechanism of injury was not stated. The patient is currently diagnosed with cervical radiculopathy, post cervical laminectomy syndrome, lumbar radiculopathy, low back pain, shoulder pain, and elbow pain. The patient was seen by [REDACTED] on November 1, 2013. The patient reportedly experienced a decrease in low back pain immediately following a diagnostic medial branch block. The patient presented with increased low back and left lower extremity pain. Physical examination of the lumbar spine revealed restricted range of motion, paravertebral muscle spasm and tenderness, positive lumbar facet loading maneuver bilaterally, and positive straight leg raising bilaterally. The patient also presented with decreased strength, and decreased sensation. Treatment recommendations at that time included a lumbar radiofrequency ablation at L3 through S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION AT L3, L4, L5, S1, AND SACRAL ALAE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac Joint Radiofrequency Neurotomy Section

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state sacroiliac joint radiofrequency neurotomy is not recommended. As per the documentation submitted, the patient underwent lumbar medial branch blocks at bilateral L3, L4, L5, and sacral alae in a total of 8 branches on October 30, 2013. Although it was stated on November 1, 2013 that the patient reported decreased low back pain immediately following the diagnostic medial branch block, there was no evidence of objective functional improvement. The patient presented to [REDACTED] two days following the diagnostic medial branch block with reports of 9/10 pain, poor sleep quality, and decreased activity level. The patient's physical examination reveals positive straight leg raising bilaterally, diminished strength in bilateral lower extremities, and decreased sensation in the L4 and L5 dermatome on the right. The patient has previously reported greater than 50% pain relief for 6 months following epidural steroid injections. Given the lack of documented improvement following the diagnostic blocks and the clinical evidence of radiculopathy, the patient does not appear to meet criteria for the requested procedure. The request for radiofrequency ablation at L3, L4, L5, S1 and Sacral Alae, is not medically necessary or appropriate.