

Case Number:	CM13-0069052		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2008
Decision Date:	03/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 64 year old female presenting with low back pain following a work related injury on 01/30/2008. The claimant reported low back pain with limitations of activities of daily living. The claimant had a lumbar medial branch block on 01/30/2008 with greater than 70% reduction in her pain for 6 months after the injection. The claimant also had lumbar epidural steroid injection, HEP and medications. The physical exam was significant for tenderness to palpation over the lumbar paraspinals and L4-5 facets and decreased lumbar range of motion. The claimant was diagnosed with degeneration of the lumbar spine and lumbosacral spondylosis without myelopathy. A claim was made for radiofrequency ablation at L3, L4 and dorsal ramus L5 on the left.

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 and dorsal ramus L5 on left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Treatment Considerations.

Decision rationale: Radiofrequency ablation at L3, L4, and dorsal ramus L5 on left in this case is not medically necessary. The MTUS references the Occupational Medicine Practice Guidelines on page 300 which indicate that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Additionally, the Occupational Medicine Practice Guidelines indicate criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is nonradicular and had no more than 2 levels bilaterally. Documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. A request was made for three levels when only two levels are certifiable according to the ODG; therefore, the request is not medically necessary.