

Case Number:	CM14-0001727		
Date Assigned:	01/22/2014	Date of Injury:	06/30/2010
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopaedic 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 records presented for review indicate that this 66-year-old individual was injured on June 30, 2010. The listed diagnosis is lumbar facet syndrome. There are ongoing complaints of low back pain, stiffness and radicular findings. The diagnostic medial branch blocks occurred in May, 2013 with a marked reduction in pain noted. A comprehensive assessment was completed in January, 2012 noting the complaints of that time of low back pain and bilateral shoulder pain. The diagnosis offered was lumbar facet joint disease and lumbar radiculopathy. The physical examination revealed decreased sensation in the L5/S1 dermatomes and tenderness to palpation over the left sacroiliac joint. A permanent stationary status was established and an impairment rating assigned. The injured employee continued to follow up on a periodic basis, had ongoing complaints of low back pain, multiple medications were prescribed, and the findings on physical examination were marginal. The clinical assessment continued to be lumbar facet syndrome without any focal disc herniation or protrusion. The gender changes are noted in both facet joints. Pain relief was achieved with topical analgesic patches. A rheumatology consultation was sought in December, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY NEUROTOMY LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The standard for a facet block such as this is that there has to be a successful facet injection with a significant improvement in the visual analog score pain scoring system. It is noted that a previous injection had been completed; however, the records reflect any improvement in the facet joint pain. In fact, the pain has been constant, unremitting and nonresponsive to the invention. As such, based on the limited clinical facial present for review, this request is not certified.