

Case Number:	CM14-0002634		
Date Assigned:	01/29/2014	Date of Injury:	08/31/2006
Decision Date:	07/18/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 48 year old male who reported an injury to his low back. The procedural note dated 10/10/13 indicates the patient undergoing a bilateral L3, L4, and L5 medial branch block. The clinical note dated 11/11/13 indicates the patient continuing with complaints of low back pain. The note indicates the patient noticing the lower extremities swelling following the injection. The patient rated the ongoing low back pain as 4/10 at that time. The patient reported a 50% pain relief following the medial branch block. The patient was able to demonstrate 5/5 strength with no reflex or sensation deficits identified by clinical exam. The patient was able to demonstrate 45 degrees of lumbar flexion, 10 degrees of extension, 15 degrees of bilateral lateral flexion, and 10 degrees of bilateral rotation. The clinical note dated 01/17/14 indicates the patient continuing with 4/10 pain. No significant changes were identified on the patient's clinical exam. Bilateral L3, L4, L5 Neurolysis has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3, L4, L5 NEUROLYSIS: Upheld

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

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 Chapter, Facet Injections, Radiofrequency Ablation.

Decision rationale: The request for a bilateral L3, L4, and L5 neurolysis is non-certified. The documentation indicates the injured worker having previously undergone a diagnostic medial branch block at L3, L4, and L5. A radiofrequency neurolysis would be indicated provided the injured worker meets specific criteria to include a 70% reduction in pain following the medial branch block. The clinical notes indicate the injured worker reporting a 50% relief of pain following the medial branch block. Additionally, there is an indication that the injured worker had reported swelling subsequent to the medial branch block. Given the inadequate response to the diagnostic medial branch block, this request is not indicated as medically necessary.