

Case Number:	CM14-0003042		
Date Assigned:	01/29/2014	Date of Injury:	03/23/2004
Decision Date:	07/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational Medicine, 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:

This is a 52-year-old with a March 23, 2004 date of injury. The patient was seen on September 10, 2013 with radicular pain complaints, which improved following a lumbar epidural injection on September 6, 2013. He was again seen on December 2, 2013 with low back complaints and worsening left leg radiculopathy. Exam findings revealed no tenderness over the LS paravertebral muscles. MRI lumbar spine on January 6, 2013: multilevel degenerative changes with facet arthropathy. Treatment to date: medications, epidural. A UR decisions dated December 11, 2013 denied the request given the patient have worsening radiculopathy complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) FACET BLOCKS AT THE LEVEL OF L3-S1 WITH RFA (RADIO FREQUENCY ABLATION) IF DIAGNOSTIC.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT [physical therapy], and NSAIDs [non-steroidal anti-inflammatory drugs]) prior to the procedure for at least four to six weeks, no more than two joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. With regard to RFA, CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the patient has had long-term radicular pain improved with epidurals. In addition, the Low Back Complaints Chapter of the ACOEM Practice Guidelines does not support an RFA without a medial branch block, however, the Low Back Complaints Chapter of the ACOEM Practice Guidelines does not support these in a case with more than two levels being requested. In addition, the request for a radiofrequency ablation is dependent upon the result of a medial branch block, which has not been certified and the results of which are not yet known. The request for two facet blocks at the level of L3-S1 with RFA if diagnostic is not medically necessary or appropriate.