

Case Number:	CM14-0006931		
Date Assigned:	02/10/2014	Date of Injury:	10/04/2010
Decision Date:	06/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/18/2014

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 Orthopedic Surgery 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 injured worker is a 60 year old male whose date of injury is 10/04/2010. The mechanism of injury is described as a motor vehicle accident. Lumbar MRI dated 12/21/10 revealed a two millimeter, predominantly far right lateral bulge in the annulus, with a minute annular tear or fissure at L4-5. There is no central or foraminal stenosis. At L5-S1 there is a minute annular fissure. There is epidural lipomatosis which attenuates the thecal sac. There is no foraminal stenosis. Progress report dated 10/10/13 indicates there is tenderness in the lumbar bilateral facets L3 to L5 with normal flexion at the waist. There is pain with extension at the waist. Straight leg raising is negative bilaterally. The pain is reproduced by bilateral lumbar facet loading maneuvers. Assessment is lumbar facet arthropathy, lumbago and myofascial pain syndrome. Follow up note dated 02/03/14 indicates the injured worker is status post lumbar facet/medial branch diagnostic block with greater than 60% pain relief. Medications are listed as Naproxen, Norflex, and Tramadol. On physical examination lumbar facet loading maneuvers are positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-S1, MEDIAL BRANCH RADIOFREQUENCY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pages 308-310

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 Joint Radiofrequency Neurotomy.

Decision rationale: Based on the clinical information provided, the request for bilateral L3-S1 medial branch radiofrequency is not recommended as medically necessary. The injured worker reportedly underwent diagnostic medial branch blocks; however, there is no procedure report submitted for review. The request is excessive as the Official Disability Guidelines note that no more than two joint levels are to be performed at one time. Given the current clinical data, the requested radiofrequency is not medically necessary.