

Case Number:	CM14-0105485		
Date Assigned:	07/30/2014	Date of Injury:	09/19/2010
Decision Date:	09/25/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on September 19, 2010. She has been diagnosed with, lumbago, sacroiliac sprain, T11 vertebral fracture, lumbosacral neuritis, and lumbar disc displacement L4-5 and L5-S1 by MRI. She has received cortisone injection into the left gluteal area and left sacroiliac joint resulting in reduction in pain. She has continued to have left sacroiliac joint pain and on physical examination has a mildly positive SI compression test on the left. Left L5 dorsal ramus and S1, S2 and S3 lateral branch radiofrequency neurotomy has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5, S1, S2, S3 Radiofrequency Ablation under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back, Lumbar & Thoracic.

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

Decision rationale: According to the Occupational Medicine Practice Guidelines there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief. However similar quality literature does not

exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disabilities Guidelines lists several criteria for the use of facet joint radiofrequency neurotomy including the requirement that treatment requires a diagnosis of facet joint pain using a medial branch block. This requirement has not been fulfilled. The documentation available indicates symptoms related to SI joint pain and there is no documentation of a medial branch block being performed. Another criteria is that no more than 2 joint levels are to be performed at one time. Therefore, this request is not medically necessary.