

Case Number:	CM14-0106372		
Date Assigned:	07/30/2014	Date of Injury:	12/22/2012
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/09/2014

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 49-year-old female who reported an injury on 12/22/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, medications, epidural steroid injections and ultimately a medial branch block on 06/09/2014. The injured worker was evaluated on 07/09/2014. It was noted that the injured worker had 70% pain relief after the medial branch blocks for approximately 2 weeks; however, had had an acute exacerbation of low back pain. Reported pain levels were 4/10 to 6/10 exacerbated by prolonged activities and lifting heavy objects. Physical findings included limited range of motion of the lumbosacral and cervical spine secondary to pain with localized tenderness of the lumbosacral spine and cervical area with a positive straight leg raising test bilaterally at 60 to 70 degrees with diminished sensation to light touch of the right upper extremity and right lower extremity. The injured worker's diagnose included multilevel disc bulging, multilevel facet arthropathy, left lumbar radiculitis and sciatica, right-sided sacroiliac joint dysfunction and chronic myofascial pain syndrome. The injured worker's treatment plan included radiofrequency lesioning at the L3-4, L4-5, and L5-S1 and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH RADIOFREQUENCY LESIONING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The requested medial branch radiofrequency lesioning is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablation after an appropriate response to medial branch blocks. Furthermore, Official Disability Guidelines more precisely define an appropriate reaction to medial branch block as at least 70% pain relief for the duration of the anesthetic with evidence of functional improvement. The clinical documentation indicates that the injured worker had a 70% reduction in pain for approximately 2 weeks. This would indicate that a corticosteroid injection was used which is supportive of a therapeutic injection versus a diagnostic injection where a short acting anesthetic would be used. Therefore, it is unclear if the initial injection was truly a therapeutic or diagnostic injection. Furthermore, the request as it is submitted does not clearly identify levels of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested medial branch radiofrequency lesioning is not medically necessary or appropriate.