

Case Number:	CM14-0010626		
Date Assigned:	02/21/2014	Date of Injury:	03/31/2010
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/17/2014

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 injured worker is a 61-year-old female who reported an injury on 03/31/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to their low back. The injured worker's treatment history included multiple medications and a medial branch block at the L4-5 and L5-S1 facets. The injured worker was evaluated on 01/06/2014. It was documented that the injured worker had a 4/10 pain level of the low back. Physical findings included tenderness to palpation of the left-sided paraspinal musculature of the lumbar spine with limited range of motion secondary to pain and a positive lumbar facet loading maneuver. The injured worker's diagnoses included lumbar facet arthropathy, lumbar degenerative disc disease, osteoarthritis, opioid addiction, and severe chronic pain refractory to conservative therapy. It was noted in the documentation that the injured worker had undergone an L4-5, L5-S1 medial branch block under sedation that provided short-term relief. The injured worker's treatment plan included a radiofrequency ablation at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ BILATERAL LUMBAR FACET MEDICAL BRANCH RADIOFREQUENCY LESIONING UNDER FLUOROSCOPIC GUIDANCE L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 310.

Decision rationale: A bilateral lumbar facet medial branch radiofrequency lesioning under fluoroscopic guidance of the L4-5 and L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does support radiofrequency ablation after an appropriate response to medial branch blocks. The Official Disability Guidelines recommend radiofrequency ablation when an injured worker has had at least 50% pain relief with increased functional capabilities resulting from a medial branch block. The clinical documentation does not provide a quantitative assessment of pain relief supporting an appropriate response to a medial branch block. Additionally, it is noted within the documentation that the injured worker underwent a medial branch block under IV sedation. The Official Disability Guidelines do not recommend facet injections under IV sedation, as there is no way to adequately assess the injured worker's immediate response of pain relief. The clinical documentation did not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested bilateral lumbar facet medial branch radiofrequency lesioning under fluoroscopic guidance L4-5 and L5-S1 are not medically necessary or appropriate.