

Case Number:	CM14-0016119		
Date Assigned:	04/09/2014	Date of Injury:	12/02/2010
Decision Date:	05/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 12/02/2010. The mechanism of injury was not provided. Current diagnoses include left L5 radiculopathy, new onset acute left L5 pain with lower extremity weakness, left lumbar facet joint pain, lumbar facet joint arthropathy, central disc protrusion, lumbar degenerative disc disease, and lumbar sprain. The injured worker was evaluated on 12/18/2013. The injured worker reported left lower back pain with radiation to the left lower extremity. Physical examination revealed tenderness upon palpation of the left lumbar paraspinal muscles overlying the left L3 through S1 facet joints, restricted range of motion, positive facet joint provocative maneuvers, diminished strength in the left lower extremity, and decreased sensation in the left L5 dermatome. Treatment recommendations included a fluoroscopically-guided left L4-5 and L5-S1 facet joint radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED LEFT L4-5 AND L5-S1 FACET JOINT RADIOFREQUENCY NERVE ABLATION: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, the injured worker underwent a rhizotomy on 12/06/2013, which provided 50% improvement. However, there is no evidence of objective functional improvement following the initial procedure. There is no documentation of an appropriate investigation involving medial branch diagnostic blocks. Therefore, an additional procedure cannot be determined as medically appropriate. There were also no imaging studies provided for review. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary or appropriate.