

Case Number:	CM14-0143415		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2012
Decision Date:	11/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 is a 48 year old female with a 6/5/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/25/14 noted subjective complaints of low back pain. Objective findings noted unchanged spine examination. The patient underwent medial branch blocks on 7/10/14 and reported 35% pain relief post-procedurally. Diagnostic Impression: lumbar radiculopathy. Treatment to Date: lumbar ESI, medication management, chiropractic. A UR decision dated 8/20/14 denied the request for radiofrequency neurotomy L3, L4, L5. The patient underwent medial branch blocks and reported only 35% pain relief. Current evidence based ODG requires a response of at least 70%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Neurotomy L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, it is clearly documented that the patient underwent diagnostic medial branch blocks on 7/10/14 with only 35% pain relief. Guidelines do not recommend proceeding to neurotomy unless there is at least a 70% response to the medial branch block. Therefore, the request for neurotomy L3, L4, L5 was not medically necessary.