

Case Number:	CM14-0159644		
Date Assigned:	10/03/2014	Date of Injury:	03/12/2003
Decision Date:	11/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 15, 2014, the claims administrator denied request for medial branch block radiofrequency procedures at L3-L4-L5. The applicant's attorney subsequently appealed. In a March 11, 2014 progress note, the applicant reported ongoing complaints and issues with low back pain. The applicant was status post earlier radiofrequency lesioning procedures. 4-5/10 low back pain was noted, with associated radiation to left leg. The applicant was given a variety of diagnoses, including lumbar facet hypertrophy, lumbar disk bulges, electrodiagnostically confirmed lumbar radiculopathy, facetogenic low back pain, and chronic myofascial pain syndrome. Neurontin was endorsed for neuropathic pain. Naproxen and Prilosec were also endorsed. On September 9, 2014, the applicant was again described as having 5-7/10 low back pain with radiation of pain to and associated paresthesias about the left leg. The medial branch radiofrequency ablation procedures at issue were, per the claims administrator, reportedly endorsed via an RFA form of September 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4-L5 Medial Branch Block Radio-Frequency Lesioning: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch radiofrequency ablation procedures at issue are a subset, are deemed "not recommended." In this case, it is further noted that there is a considerable lack of diagnostic clarity; the applicant has been given conflicting diagnoses of lumbar radiculopathy versus facetogenic low back pain versus myofascial pain syndrome. While ACOEM Chapter 12, page 301 does establish some limited role for facet neurotomies/ radiofrequency lesioning procedures, in this case, however, the request is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is medically necessary.