

Case Number:	CM14-0026526		
Date Assigned:	06/13/2014	Date of Injury:	12/06/2010
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 and has a subspecialty in Pain Medicine 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 32 year old male whose date of injury is 12/06/10. The mechanism of injury is described as pushing a pallet jack. The injured worker underwent a lumbar facet block on the right at L3-4 and L4-5 on 01/21/14 which provided 10 days of relief. Diagnosis is facet arthritis, lumbar spine. Per note dated 01/31/14, the injured worker underwent prior radiofrequency procedure which helped him for a long period of time. Lumbar magnetic resonance imaging dated 04/07/14 revealed at L5-S1 there is a 2 mm right paracentral disc bulge causing minimal right lateral recess narrowing. There is no evidence of canal stenosis or neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIO FREQUENCY LESIONING PROCEDURE, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: Based on the clinical information provided, the request for radiofrequency lesioning procedure lumbar spine is not recommended as medically necessary. The submitted records indicate that the injured worker underwent successful facet blocks in January 2014. However, facet blocks are not the appropriate diagnostic tool prior to radiofrequency lesioning. The Official Disability Guidelines report that medial branch blocks are the appropriate diagnostic tool to assess an injured worker's appropriateness for radiofrequency lesioning procedure. Additionally, this request is nonspecific and does not indicate the level or laterality to be performed.