

Case Number:	CM14-0030716		
Date Assigned:	06/20/2014	Date of Injury:	12/21/2006
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery 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 injured worker is a 51-year-old male who was reportedly injured on December 21, 2006. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 4, 2014, indicated there were ongoing complaints of back pain, leg pain and wrist pain. Current medications were stated to include Zolpidem, Cymbalta, Xanax, Norco, Neurontin, Soma, Propranolol and Lisinopril. Pain without medications was rated to be 10/10 and with medications was stated to be 8/10. The physical examination demonstrated tenderness to the lumbar spine paraspinal muscles, posterior-superior iliac spine and sacroiliac joints. There were decreased lumbar spine range of motion and a normal lower extremity neurological examination. The prior nerve conduction study indicated a chronic radiculopathy in the bilateral S1 and S2 dermatomes. Previous treatment with a transcutaneous electrical nerve stimulation unit was stated not to be helpful nor was there any relief from previous epidural steroid injections, sacroiliac joint injections, sacral radiofrequency nerve oblations and lumbar facet injections. Radiofrequency nerve ablation for the lumbar spine at L3, L4 and L5 was recommended. A request was made for radiofrequency nerve blocks at the bilateral L3, L4 and L5 level and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lumbar medial branch nerve block, bilateral L3,L4,L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Facet Joint Radiofrequency Neurotomy and Criteria for the use of diagnostic blocks for facet "mediated" pain and Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Radiofrequency Neurotomy.

Decision rationale: According to the Official Disability Guidelines, the criteria for a facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block, which provides pain relief of greater than 50% for at least 12 weeks time. According to the medical records provided, the note dated February 4, 2014, states that the injured employee only received 50% pain reduction for just a few hours from a prior medial branch nerve block. With such a discrepancy in the injured employee's pain relief from this prior procedure, this request for a radiofrequency lumbar medial branch nerve block at L3, L4 and L5 is not medically necessary.

Right CMC joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS website "Diagnostic and Therapeutic Injection of the Wrist and Hand Region", www.aafp.org/afp/2003/0215/p745.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: According to the American College of Occupational and Environmental Medicine, most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. However, the injured employee has previously had a steroid injection in the carpal metacarpal joint and has a history of osteoarthritis in this joint. Previous injection provided 60% relief for one year's time. Considering this request for a right carpal metacarpal (CMC) joint injection is medically necessary.