

Case Number:	CM14-0046301		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2012
Decision Date:	08/01/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 37 year old male with a reported injury on 07/25/2012. The mechanism of injury was not provided. The injured worker had an examination on 04/16/2014 with complaints of sharp, throbbing, tingling, numbness and pins and needles pain to back on a scale of 8/10. The pain was reported as constant and worsened with prolonged sitting, standing or bending. The injured worker's medication list consisted of Naproxen. The injured worker did report a home exercise program of walking about twenty minutes a day. The exam revealed the straight leg test was negative and the facet test was positive. The injured worker also had a negative Babinski sign, Hoffmann sign and clonus. The diagnoses included lumbar facet arthropathy, lumbar radiculitis, chronic low back pain and lumbar sprain and strain with flare-up. The recommended treatment is bilateral L3-L4 and L4-L5 medial branch block and to continue with his home exercise program. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block L3 QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,1, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injection, facet joint diagnostic blocks.

Decision rationale: The request for bilateral medial branch block L3 times 2 is not medically necessary. The Official Disability Guidelines recommend no more than one set of medical branch diagnostic blocks prior to a facet neurotomy. There was no evidence that a neurotomy was a plan of treatment. The Guidelines also recommend that the injection is limited to patients with low back pain that is non-radicular. The request is asking for two injections. The injured worker has a history of radicular pain and a diagnosis of lumbar radiculitis. Therefore, the request for the bilateral medial branch block is not medically necessary.

Bilateral Medial Branch Block L4 QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 1. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Chronic Pain, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, Facet joint diagnostic blocks.

Decision rationale: The request for bilateral medial branch block L3 times 2 is not medically necessary. The Official Disability Guidelines recommend no more than one set of medical branch diagnostic blocks prior to a facet neurotomy. There was no evidence that a neurotomy was a plan of treatment. The Guidelines also recommend that the injection is limited to patients with low back pain that is non-radicular. The request is asking for two injections. The injured worker has a history of radicular pain and a diagnosis of lumbar radiculitis. Therefore, the request for the bilateral medial branch block is not medically necessary.

Bilateral Medial Branch Block L5 QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 1. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Chronic Pain, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, Facet joint diagnostic blocks.

Decision rationale: The request for bilateral medial branch block L5 times 2 is non-certified. The Official Disability Guidelines recommend no more than one set of medical branch diagnostic blocks prior to a facet neurotomy. There was no evidence that a neurotomy was a plan of treatment. The Guidelines also recommend that the injection is limited to patients with low back pain that is non-radicular. The request is asking for two injections. The injured worker has a

history of radicular pain and a diagnoses of lumbar radiculitis. Therefore, the request for the bilateral medial branch block is non-certified.

Radiofrequency Ablation QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 1. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Chronic Pain, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, Facet joint radiofrequency neurotomy.

Decision rationale: The request for radiofrequency ablation times one is non-certified. The American college of occupational and environmental medicine guidelines does not have quality literature regarding the procedure in the lumbar region. The guidelines state that lumbar facet neurotomies reportedly produce mixed results. The Official Disability Guidelines recommend evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There was no evidence provided of previous physical therapy or facet joint therapy. The injured worker reported walking twenty minutes at home, but there is no further evidence of a formal plan of conservative care. There is not a functional deficit assessment. Furthermore, the request did not specify which joint to be treated. Therefore the request for radiofrequency ablation is non-certified.