

Case Number:	CM14-0060450		
Date Assigned:	07/09/2014	Date of Injury:	08/04/2010
Decision Date:	09/24/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation 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:

Medical Records reflect the claimant is a 62 year old male with a work related injury from 8-4-10. The claimant has been provided with a diagnosis of lumbar disc degeneration, lumbar spondylosis and lumbar radiculopathy. The claimant is currently being treated with medications to include Naproxen, Lidoderm patches and Vicodin. X-rays of the lumbar spine dated 4-10-12 showed left L5 and right L5 spondylolysis and slight listhesis at the L4-L5 level. MRI of the lumbar spine dated 9-3-10 showed degenerative disc disease at all lumbar spaces, most prominent at L2-L3 with narrowing and spondylolisthesis of L5 on S1 and probable pars defect. On 1-18-14, the claimant underwent bilateral L3, L4 and L5 medial branch block the claimant reported to have 75% pain relief in the recovery room post procedure and 100% pain relief on the date of the procedure, with the pain returning over several days later. There is a request for left MBRF L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar MBRF L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back=Lumbar & Thoracic-Chapter (Updated 10/182008) (Facet joint radiofrequency neurotomy).

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 - Lumbar & Thoracic Spine, facet therapeutic blocks.

Decision rationale: The ODG reflects that this procedure is under study and there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Medical Records reflect the claimant has been treated for lumbar radiculopathy with lumbar epidural steroid injections in the past. The claimant has ongoing radicular pain complaints. There is an absence in documentation noting the claimant has facet mediated pain. Furthermore, it is noted that the claimant reports that he has 80% low back pain and 20% pain in the lower extremities. Therefore, based on the records provided, the requested MBRF is not reasonable or medically indicated.