

Case Number:	CM14-0063739		
Date Assigned:	07/11/2014	Date of Injury:	09/20/2011
Decision Date:	10/03/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 55-year-old female who was reportedly injured on September 20, 2011. The mechanism of injury is noted as a trip and fall. The most recent progress note dated April 21, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Voltaren, Norco, Topamax, estradiol, Ditropan, Zofran and Imitrex. The physical examination demonstrated tenderness along the cervical spine paracervical muscles with decreased cervical spine range of motion. There was decreased range of motion of both shoulders on the right more than the left side. There was a right-sided positive Neer's test and a positive Hawkins test bilaterally. Examination of the lumbar spine noted slightly decreased range of motion and a negative straight leg raise test. The examination of the knees revealed anterior tenderness on the left greater than the right side. There was no crepitus with motion. A lower extremity neurological examination indicated 4/5 muscle strength rock the lower extremities. Diagnostic imaging studies of the lumbar spine revealed disc degeneration and bulges. Previous treatment includes activity modification, physical therapy, trigger point injections, epidural steroid injections, home exercise, the use of a transcutaneous electrical nerve stimulation unit and oral medications. A request was made for a bilateral lumbar medial branch block at L3, L4, and L5 and a radiofrequency nerve ablation at L3, L4, and L5 was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch Block L3, L4 and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks (Injections)

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 and Thoracic, Facet Joint Intra-Articular Injections, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines criteria for medial branch blocks includes that no more than two joint levels may be blocked at any one time. As this request is for medial branch blocks at three levels, this request for bilateral lumbar branch medial branch blocks at L3, L4, and L5 is not medically necessary.

Lumbar Radiofrequency Ablation L3, L4 and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy Under Study

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, Facet Joint Radiofrequency Neurotomy, Updated August 22, 2014

Decision rationale: According to the Official Disability Guidelines a successful diagnostic facet joint block is a prerequisite for a radiofrequency nerve ablation. The previous request for a lumbar medial branch block has been determined not to be medically necessary. Additionally, only two joint levels are recommended to be performed at any one time. For these reasons, this request for a lumbar radiofrequency ablation at L3, L4, and L5 is not medically necessary.