MAXIMUS Federal Services

Case Number:	CM14-0080124		
Date Assigned:	07/18/2014	Date of Injury:	08/24/2012
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 reported an injury on 08/24/2012, due to unknown mechanism. The injured worker's diagnosis was cervicalgia and lumbosacral spondylosis without myelopathy. Prior treatments include physical therapy, medication therapy and chiropractic care. The injured worker stated that the physical therapy did dated 01/21/2014, when physical therapy was completed, it was documented that the injured worker completed physical therapy with gains in strength. The injured worker's past diagnostics included imaging of the lumbar spine to include an MRI done in 01/2013 which revealed there was mild facet hypertrophy demonstrated with lateral prominent disc protrusion extending up to the 4 mm periphery with displacement was the lateral aspect of the exiting L3 nerve. There was a mild facet hypertrophy. There was no central canal or lateral recess stenosis. There was mild narrowing of the left neural foramen. No prior surgical history submitted for review. The injured worker's chief complaint was back and neck pain. The injured worker also complained that pain medication was not working as well as it used to. On physical examination dated 06/19/2014, there was tenderness to palpation in the lumbar spine. Range of motion was good. Range of motion for the cervical spine was painful. The injured worker's medication was for Norco 10/325mg and Omeprazole 20 mg. The treatment plan was for the request of a medial branch block under fluoroscopy guidance for L3 through S1 and radiofrequency ablation under fluoroscopy guidance following left L3 to L4 to L5 and S1 medial branch blocks. The rationale for the request of the radiofrequency ablation under fluoroscopy guidance is dependent on the injured worker's relief from the medial branch block. The rationale for the request of the left medial branch block at L5 through S1 was not submitted with documentation. The Request for Authorization form dated 05/12/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3, L4, L5 and S1 medial branch blocks, under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Facet Joint Diagnostic Blocks (injections), Criteria for the use of diagnostic blocks for facet "mediated" pain.

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) Low Back, Facet joint diagnostic blocks injections.

Decision rationale: The request for L3, L4, L5 and S1 medial branch blocks, under fluoroscopic guidance is not medically necessary. The injured worker's chief complaint was neck pain. The injured worker also complains that pain medication is not working as well as it used to. According to California MTUS/ACOEM Guidelines, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for the use of diagnostic blocks includes findings of facet mediated pain and have failed conservative care. It is recommended no more than 2 facet joint levels be injected in one session. The injured worker reports taking Norco 10/325mg 6 tablets a day but there is no documented VAS pain score or pain logs subjectively to support guidelines. The injured worker reports tingling and numbness to feet. Additionally, there is conflicting reports of physical therapy results. The injured worker reports that the physical therapy did not help, but according to physical therapy note dated 01/21/2014, when physical therapy was completed it is documented that the injured worker completed physical therapy with gains in strength. The imaging revealed the injured worker did have hypertrophy. Although it is noted there was tenderness to palpation of the lumbar spine, the information did not detail what levels the injured worker had tenderness. There was a lack of a straight leg raise having been performed and negative to support facet mediated pain. As such, the request is not medically necessary.

Radiofrequency ablation, under fluoroscopic guidance, following left L3, L4, L5 and S1 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Radiofrequency Neurotomy, Criteria for the use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to California MTUS/ACOEM Guidelines, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the requested medial branch blocks have not been

certified, response to these blocks cannot be determined to support the necessity of the requested radiofrequency ablation. Therefore, the request for radiofrequency ablation, under fluoroscopic guidance, following left L3, L4, L5 and S1 medial branch blocks is not medically necessary.