

Case Number:	CM14-0084550		
Date Assigned:	07/21/2014	Date of Injury:	03/27/2010
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/27/10. A utilization review determination dated 5/9/14 recommends non-certification of bilateral L2, L3, L4 median branch radiofrequency ablation with MAC. 3/24/14 medical report identifies back pain 5/10. L4-5 bilateral facet blocks helped the pain for 100% relief for three weeks. On exam, there is tenderness over lumbar facets and decreased ROM. Bilateral L2, L3, and L4 facet median branch radiofrequency ablation with MAC was recommended. 2/20/14 medical report identified 70% relief after L3-4 bilateral facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2,L3,L4 median branch radiofrequency ablation with MAC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter.

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 Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for Bilateral L2, L3, L4 median branch radiofrequency ablation with MAC, California MTUS and ACOEM note that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG notes that treatment requires a diagnosis of facet joint pain using a medial branch block with at least 70% reported for the duration of the anesthetic. Within the documentation available for review, the patient underwent facet joint injections with relief reported at both 70% and 100%, but there is no documentation of at least 70% pain relief after medial branch blocks. Furthermore, the levels injected with facet injections do not correspond to the levels now proposed for ablation. In light of the above issues, the currently requested Bilateral L2, L3, L4 median branch radiofrequency ablation with MAC is not medically necessary.