

Case Number:	CM14-0089274		
Date Assigned:	07/23/2014	Date of Injury:	08/28/2012
Decision Date:	09/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 patient is a 46 year old male who was injured on 08/10/2012. The mechanism of injury is unknown. Prior medication history included Norco, Tramadol, Ibuprofen, Naproxen and Nexium. Prior treatment history has included left L4-5 transforaminal epidural steroid injection which has provided temporary relief of symptoms. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/31/2014 demonstrated a mild annular bulge at L4-5; minimal annular bulge at L5-S1; There is a left foraminal annular tear. Progress report dated 05/15/2014 documented the patient to have complaints of chronic back pain. He reported the pain affects his ability to function in a full capacity at work as well as day to day non-work activities. He rates his pain as a 7/10. On exam, facet loading maneuvers exacerbates his pain. There is tenderness over the left mid to distal lumbar facets particularly L4-5 with a definite jump sign. Straight leg raise is negative bilaterally. He is noted to have slightly diminished strength in the left lower extremity in comparison to the right about 4/5 versus 5/5 on the right side, as well as decreased sensation in the left L4-5 distribution. He is diagnosed with chronic lumbar spine pain and left lower extremity pain on the work related basis. He has been recommended for radiofrequency lesioning left L4 and L5. Prior utilization review dated 06/05/2014 states the request for radiofrequency lesioning left L4, L5 is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning left L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 , Radiofrequency.

Decision rationale: Per guidelines, criteria for cervical facet RF neurotomy include: Diagnosis of facet joint pain (non-radicular pain, documentation of trial and failure of conservative treatment with physical therapy, NSAIDs, etc. of at least 4-6 weeks) ; evidence of adequate diagnostic block with documentation of improvement in VAS and function; No more than two joint levels are to be performed at one time; different regions should be performed of no sooner than one to two weeks apart; formal plan of rehabilitation in addition to RF, repeat neurotomies should not be performed less than 6 months from the first procedure, with duration of the effect after the first neurotomy documented for at least 12 weeks at at least 50% or more relief. In this case, there is clinical evidence of left lumbar radiculopathy. There is no documentation of trial and failure of conservative treatment such as physical therapy. There is no record of adequate diagnostic block with documented improvement in VAS and function. Therefore, the above guidelines are not met. The request is not medically necessary.