MAXIMUS Federal Services

Case Number:	CM14-0008287		
Date Assigned:	02/12/2014	Date of Injury:	10/16/1997
Decision Date:	04/08/2015	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52 year old male, who sustained an industrial injury on October 16, 1997. He has reported a back injury. The diagnoses have included lumbago. Treatment to date has included back surgery, physical therapy, acupuncture, spinal cord stimulator, and medications. Currently, the IW complains of low back pain. Physical findings included tenderness in the lumbar spine region, pain with flexion and extension. The records indicate he had 70% pain reduction with a previous ablation. On January 6, 2014, Utilization Review non-certified left L2, L3 & L4 dorsal medial branch ablation as an outpatient. The MTUS, ACOEM and ODG guidelines were cited. On January 17, 2014, the injured worker submitted an application for IMR for review of left L2, L3 & L4 dorsal medial branch ablation as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT L2, L3 & L4 DORSAL MEDIAN BRANCH ABLATION AS OUTPATIENT:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK.

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 section, Medical branch block, radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, one right L2, L3 and L4 dorsal median branch ablation is not medically necessary. The ACOEM states there is good quality medical literature demonstrating radiofrequency neurotomy of fact the joint nerves cervical spine provides good temporary belief. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomies provide mixed results. The criteria for radiofrequency ablation include; treatment requires a diagnosis of facet joint pain using a median branch block; while repeat neurotomy may be required they should not occur at an interval of less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50%; no more than two joint levels are to be performed at one time; there should be no evidence of radicular pain, spinal stenosis or previous fusion; there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the injured worker's working diagnoses are lumbar spine pain; status post fusion in 1997; status post spinal stimulator in 2004; bilateral radiculopathy; and mild thoracic pain. A median branch block is not indicated when there is evidence of radicular pain, spinal stenosis or previous fusion. A progress note dated November 5, 2013 states the injured worker has a diagnosis of bilateral radiculopathy. There are no subjective or objective complaints demonstrating radiculopathy in the medical record. However, radiculopathy is a contraindication for performing a median branch block. Additionally, the injured worker is status post fusion in 1997. The documentation does not contain the level or levels where the fusion took place. Median branch blocks/ablation is not indicated in an injured worker with a previous spinal fusion (at those levels). The documentation does not provide insight into the level or levels of the previous spinal fusion. Consequently, absent clinical documentation with documentation of the prior spinal fusion and the level(s) fused, the presence of radiculopathy in the list of diagnoses, a cursory physical examination that states "neurologically the injured worker is intact", one right L2, L3 and L4 dorsal median branch oblation is not medically necessary.