

Case Number:	CM14-0186262		
Date Assigned:	11/14/2014	Date of Injury:	12/05/2000
Decision Date:	02/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

10/20/14 note reports pain in the hips and posterior thighs that is worse on the left. Medications are helping take the edge of the pain somewhat. The Injured Worker had a second set of lumbar facet blocks which last 12 hours and reduced pain by over 80%. There was a first set that also "elicited a positive response" lasting for 10 hours. Examination notes pain with palpation of the lumbar facets bilateral at L3 to S1 region. Anterior lumbar flexion produces pain and extension of the lumbar spine is reported to 15 degrees. 10/7/14 notes medial branch blocks done at L4, L3 and L5 dorsal ramus. Block was performed with bupivacaine and methylprednisolone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency lesioning, L3-S1, with flouroscopy & anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, Facet Joint Radiofrequency Neurotomy

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, RFA.

Decision rationale: ODG guidelines support (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 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 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The medical records provided for review do not indicate physical examination findings consistent with facet mediated pain. The documentation reports MBB done at L3-L5 while the request is for L3-S1 and as such the diagnostic blocks do not correlate with the levels requested for therapeutic treatment in congruence with ODG guidelines for repeat RFA. As such RFA is not supported as medically necessary.