

Case Number:	CM14-0204411		
Date Assigned:	12/16/2014	Date of Injury:	12/19/2011
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old male who was injured on 12/19/2011. The diagnoses are lumbar spondylosis, status post L4-S1 lumbar fusion. The lumbar spine X-rays showed an intact lumbar fusion. The 2012 MRI of the lumbar spine showed multilevel degenerative disc disease and facet hypertrophy. [REDACTED] noted subjective complaints of low non radicular achy constant low back pain. There were objective findings of positive facet loading test, decreased range of motion of the lumbar spine but negative neurological signs and provocative tests. The procedure note showed L3, L4 and L5 median branch blocks on 11/5/2014. But the official fluoroscopic report signed by [REDACTED] reported the needles locations at bilateral L1, L2 and L3 levels. There was no documentation of significant result following diagnostic facet median branch blocks at L1, L2 and L3 levels. The medications listed are Fentanyl patch, OxyIR and Ambien. A Utilization Review determination was rendered on 11/24/2014 recommending non certification for bilateral L1, L2, and L3 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Neurotomy with Radiofrequency Ablation Bilateral L1, L2, L3:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2007 Revised Edition,

page 196-199, 300-301 and Official Disability Guidelines (ODG), Diagnostic blocks, Lumbar rhizotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back

Decision rationale: The California MTUS did not address the use of facet median nerve ablation in the treatment of lumbar facet syndrome. The Official Disability Guidelines recommend that lumbar facet median nerve radiofrequency ablation can be utilized for the treatment of lumbar facet syndrome pain when conservative treatments with medications and physical therapy have failed. The guidelines recommend the documentation of more than 70 % pain relief, functional restoration and decreased medications utilization following diagnostic facet median nerve blocks before a radiofrequency ablation. It is recommended that the procedures be limited to a maximum of 3 levels and one side per setting. The records did not show a documentation of significant beneficial effects following diagnostic median branch blocks at L1, L2 and L3 levels. There are inconsistencies in the documentations of the location levels for the diagnostic and prior radiofrequency ablation procedures. The criteria for the bilateral L1, L2 and L3 radiofrequency ablation were not met. Therefore, this request is not medically necessary.