

Case Number:	CM14-0049197		
Date Assigned:	07/02/2014	Date of Injury:	10/03/2007
Decision Date:	01/29/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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 Rehab, 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 underlying date of injury is 10/03/2007. The date of the utilization review under appeal is 04/04/2014. The patient's diagnosis is lumbosacral spondylosis. A prior physician review recommended non-certification of radiofrequency ablation, given the lack of clearly documented results from a medial branch block which was performed 03/04/2014. On 02/05/2014, the patient was seen in treating pain physician follow-up and noted to have thoracic back pain and thoracic spondylosis without myelopathy. The patient was seen at that time in follow-up of chronic low back pain localized to the thoracic and lumbar regions and worse with prolonged standing as well as prolonged sitting. The patient had tenderness over the bilateral L1-L4 facet joints. The treatment plan was to proceed with L1, L2, and L3 medial branch blocks and to determine if the patient were a candidate for a lumbar rhizotomy procedure based on those results. A procedure note of 03/04/2014 indicates the patient underwent bilateral L1, L2, and L3 medial branch blocks. The patient tolerated the procedure well and was asked to keep a diary of his response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation facet joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Diagnostic Blocks (injections),"mediated" pain.

MAXIMUS 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, facet joint radiofrequency neurotomy.

Decision rationale: ACOEM guidelines, Chapter 12, low back, page 300, states that invasive techniques including facet joint injections of the lumbar spine are of questionable merit. Official Disability Guidelines/ Treatment in Workers Compensation/Low back discusses facet joint radiofrequency ablation more specifically in the section on facet joint radiofrequency neurotomy; this chapter states that conflicting data is available and that it is necessary to assess the results of a diagnostic medial branch block. In this case the patient underwent a diagnostic medial branch block, but the results were not available to the initial reviewer and are not available at this time. Therefore, this treatment is not medically necessary.