

Case Number:	CM15-0007238		
Date Assigned:	01/26/2015	Date of Injury:	01/04/2013
Decision Date:	03/12/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on January 4, 2013. He has reported left shoulder pain, left arm pain, neck and lower back pain. The diagnoses have included lower back pain, left rotator cuff tear, left knee pain, post traumatic stress disorder, sleep disturbances, and depression. Treatment to date has included medications, bracing, injections, physical therapy, rotator cuff repair, medial branch block, home exercises, ice, and imaging studies. Currently, the injured worker complains of increased lower back pain. The treating physician is requesting medial branch blocks of L3, L4, and L5 under fluoroscopy. On January 6, 2015 Utilization Review non-certified the request for the medial branch blocks noting the lack of documentation to support the medical necessity of the treatment. The ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Radiofrequency Ablation, right L3 under fluoroscopy per 12/12/14 PR2 quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Facet joint radio frequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections) (2) Facet joint radiofrequency neurotomy

Decision rationale: The claimant underwent right L3, L4, and L5 medial branch blocks on 08/05/14 with fluoroscopy. He was seen by the requesting provider on 09/12/14. There had been a decrease in right sided back pain lasting for approximately one day. Pain had decreased to 3-4/10 from a level of 6-7/10. Although the claimant underwent diagnostic right lumbar medial branch blocks, the degree and duration of pain relief is inadequately quantitated. Based on the follow-up visit on 09/12/14 pain had decreased by approximately 50% after the injection lasting for approximately one day. Criteria for radiofrequency ablation include a positive diagnostic block where a response of greater than 70% pain relief is required. Since this is not documented, the requested lumbar medial branch block is not medically necessary.

Medial Branch Radiofrequency Ablation, right L4 under fluoroscopy per 12/12/14 PR2 quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Facet joint radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections) (2) Facet joint radiofrequency neurotomy

Decision rationale: The claimant underwent right L3, L4, and L5 medial branch blocks on 08/05/14 with fluoroscopy. He was seen by the requesting provider on 09/12/14. There had been a decrease in right sided back pain lasting for approximately one day. Pain had decreased to 3-4/10 from a level of 6-7/10. Although the claimant underwent diagnostic right lumbar medial branch blocks, the degree and duration of pain relief is inadequately quantitated. Based on the follow-up visit on 09/12/14 pain had decreased by approximately 50% after the injection lasting for approximately one day. Criteria for radiofrequency ablation include a positive diagnostic block where a response of greater than 70% pain relief is required. Since this is not documented, the requested lumbar medial branch block is not medically necessary.

Medial Branch Radiofrequency Ablation, right L5 under fluoroscopy per 12/12/14 PR2 quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Facet joint radio frequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections) (2) Facet joint radiofrequency neurotomy

Decision rationale: The claimant underwent right L3, L4, and L5 medial branch blocks on 08/05/14 with fluoroscopy. He was seen by the requesting provider on 09/12/14. There had been a decrease in right sided back pain lasting for approximately one day. Pain had decreased to 3-4/10 from a level of 6-7/10. Although the claimant underwent diagnostic right lumbar medial branch blocks, the degree and duration of pain relief is inadequately quantitated. Based on the follow-up visit on 09/12/14 pain had decreased by approximately 50% after the injection lasting for approximately one day. Criteria for radiofrequency ablation include a positive diagnostic block where a response of greater than 70% pain relief is required. Since this is not documented, the requested lumbar medial branch block is not medically necessary.