

Case Number:	CM15-0009804		
Date Assigned:	01/27/2015	Date of Injury:	03/03/2011
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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: 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:

This 48 year old female sustained a work related injury on 03/03/2011. According to an office visit on 10/28/2014, the injured worker was having recurrent right low back pain, but was still working on a full time basis. She had radiofrequency ablation to the medial branch L3, 4, 5 on the right in November 2013 and had 10 months of 80 percent relief of symptoms in that area. According to an office visit on 01/06/2015, the injured worker complained of increased low back pain. Pain was rated 9 on a scale of 1-10 without medication and 6 with medication. Current medications included Naproxen. Abnormal physical findings included tenderness to palpation at L4-L5 and tenderness over the L4-L5 facets, made worse with extension and lateral bend. Spasm was noted in the bilateral lumbar region. Diagnoses included lumbosacral spondylosis without myelopathy. Treatment plan included continuance of conservative treatment to included home exercise program, moist heat and stretches. She was awaiting authorization of right L3, 4, 5 medial branch radiofrequency ablation. Procedure reports were not submitted for review. On 01/13/2015, Utilization Review non-certified medial branch radiofrequency ablation at right L3, 4, 5. According to the Utilization Review physician, there was limited information if the pain generator was at right L3, L4 and L5 and confirmed by diagnostic medial branch blocks. Guidelines cited for this review included CA MTUS ACOEM Chapter 12 pages 300-301 and Official Disability Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch radiofrequency ablation at right L3, 4, 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

Decision rationale: The medical records provided for review report back pain but do not document outcome of diagnostic medial branch blocks in support of performing procedure. RFA is supported if at least 70% improvement from diagnostic blocks is obtained. As the medical records do not document this, the medical records provided for review do not demonstrate findings in support of right L3, L4, and L5 facet RFA procedures congruent with ODG.