

Case Number:	CM15-0106732		
Date Assigned:	06/11/2015	Date of Injury:	04/20/2014
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 33-year-old female who sustained an industrial injury on 4/20/14, relative to a motor vehicle accident. Authorization was requested on 4/29/15 for radiofrequency ablation at L3-5, right side first and left side 2 weeks apart, and medial branch blocks at bilateral L3/4 and L4/5, with fluoroscopy and monitored anesthesia. The 5/7/15 treating physician report cited complaints of grade 5/10 low back, neck, and left knee pain. The injured worker was status post two lumbar facet blocks with greater than 70% relief for more than 12 hours, and was a candidate for radiofrequency ablation. She was continuing to take Tramadol, which allowed her to function. Physical exam documented normal lower extremity motor strength and sensation. There was lumbar facet tenderness that increased with provocative maneuver of extension and rotation. The diagnosis was lumbar degenerative disc disease, radiculopathy, and lumbosacral spondylosis without myelopathy. The 5/13/15 utilization review certified the request for radiofrequency ablation at L3-5, right side first and left side 2 weeks apart. The request for medial branch block at L3/4 and L4/5 bilaterally was non-certified as guidelines allowed for one set of medial branch blocks prior to neurotomy and therapeutic facet joint injections were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block, Lumbar L3-L4, L4-L5, Bilateral with fluoroscopy and monitored anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic; Facet joint medial branch blocks (therapeutic injections); Facet joint diagnostic blocks (injections).

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The Official Disability Guidelines do not recommend facet joint medial branch blocks as therapeutic injections as there is minimal evidence for treatment. Guideline criteria have not been met. This injured worker has previously undergone a set of medial branch blocks with positive response and subsequent request for radiofrequency ablation. A concurrent request for radiofrequency ablation at the same levels has been certified. Guidelines do not support more than one set of medial branch block or for use as therapeutic injections. There is no compelling reason to support the medical necessity of medial branch block for this injured worker as an exception to guidelines. Therefore, this request is not medically necessary.