

Case Number:	CM15-0018524		
Date Assigned:	02/06/2015	Date of Injury:	06/27/2007
Decision Date:	04/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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

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 female who reported an injury on 06/27/2007. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with low back pain. On 12/08/2014, the injured worker presented with complaints of worsening low back pain with activity limitation. Upon examination, there was limited range of motion, increased pain with spinal extension, exquisite tenderness along the lumbar paraspinal musculature, severe spasm, intact sensory and motor function, and tenderness over the gluteus medius and maximus on the right. An MRI performed on 01/27/2014 reportedly showed mild facet arthropathy without canal stenosis at L3-4, right facet effusion at T2, and anterolisthesis at L4-5 with moderate to severe facet arthropathy. Recommendations included a medial branch block with radiofrequency neurotomy followed by functional restorative therapy. A Request for Authorization form was then submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch block with radiofrequency neurotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Invasive techniques such as facet injections are of questionable merit. In this case, there is no indication that the injured worker has undergone a medial branch block prior to the request for a radiofrequency neurotomy. The request for a medial branch block with a radiofrequency neurotomy is not appropriate as the injured worker's response to the medial branch block would need to be assessed prior to the decision to authorize a radiofrequency neurotomy. Given the above, the request is not medically appropriate.