

Case Number:	CM15-0132209		
Date Assigned:	07/20/2015	Date of Injury:	09/12/2009
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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 59 year old male patient who sustained an industrial injury on 09/12/2009. On 10/03/2014 he underwent a magnetic resonance imaging study of the lumbar spine that showed L3-4 degenerative disc changes; retrolisthesis; broad-based disc protrusion extending into both neural foramina; disosteophytic spurring; facet hypertrophy; moderate bilateral foraminal stenosis, right greater; L4-5 and L5-S1 changes status post-surgery with mild osteophytic spurring at L5-S1, on the right. An orthopedic follow up visit dated 01/21/2015 reported subjective complaint of having low back pain that wraps around to the right inguinal region and right testicle and right sacroiliac joint pain. Current medications are: Pantoprazole, Flexeril, Tramadol, Ambien, and Hydrocodone. The plan of care noted the patient is recommended to undergo an injection under fluoroscopy of the right sacroiliac joint. The patient did have a injection administered on 02/10/2015 of which offered no relief of symptom. There is now further recommendation to administer facet joint injections. Again on 03/26/2015 the patient had a right L3-4 facet injection. A orthopedic follow up dated 04/09/2015 reported the patient received two days' worth of reprieve from his pain and should be a candidate to receive radiofrequency ablation. Lastly a recent pain management visit dated 05/12/2015 reported no change in medications, subjective complaint of objective assessment. The treating diagnoses were: low back pain, facet arthropathy, and post lumbar fusion L4-S1 with fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware Blocks (Radiofrequency Ablation) to L3-4 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury and September 2009 and is being treated for chronic back pain. He underwent a two level lumbar fusion At L4-5 and L5-S1. An intra-articular right L3-4 facet injection was performed on 03/26/15. A low-volume injection was performed with fluoroscopic guidance and use of contrast. In follow-up on 04/09/15 there had been two days of pain relief after the injection. He was referred for radiofrequency ablation treatment. He was evaluated for this on 05/12/15. He reported that there had been no pain relief after the facet injection. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain. In this case, the claimant underwent an intra-articular facet injection with completely different reports of that procedure's efficacy. There was no documentation that would indicate that the diagnostic block was positive for facet mediated pain and therefore the requested medial branch radiofrequency ablation is not medically necessary.