

Case Number:	CM15-0164938		
Date Assigned:	09/02/2015	Date of Injury:	07/10/1995
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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 56 year old male, who sustained an industrial injury on 7-10-1995. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral disc degeneration, lumbago and neuralgia-neuritis-radiculitis. Electromyography (EMG) showed right lumbar 5 radiculopathy. Treatment to date has included lumbar branch blocks, radiofrequency ablation, lumbar epidural steroid injection, sacroiliac injection, therapy, and medication management. In a progress note dated 8-6-2015, the injured worker complains of low back pain. Physical examination showed lumbar paravertebral tenderness and spasm. The treating physician is requesting bilateral lumbar 4-5, lumbar 5-sacral 1 Percutaneous Facet Joint Denervation with Fluoroscopic Needle Guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

(B) L4-L5, L5-S1 Percutaneous Facet Joint Denervation with Fluoroscopic Needle Guidance: 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 (ODG), Low Back, Lumbar Rhizotomy.

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 has a remote history of a work-related injury in July 1995 and is being treated for chronic low back pain. On 08/10/10 the claimant had undergone medial branch radiofrequency ablation with some pain relief. Pain was rated at 7/10. The procedure was done on 05/14/10. When seen, he was having low back pain. Physical examination findings included a BMI of over 32. There was lumbar tenderness with muscle spasms. There was facet tenderness with positive facet loading and positive Gaenslen testing. A repeat medial branch radiofrequency ablation is being requested. Criteria for a repeat lumbar radiofrequency ablation treatment include that the previous procedure was performed more than six months before with pain relief of at least 50% lasting for at least 12 weeks. In this case, the claimant underwent medial branch radiofrequency ablation in May 2010. At less than 14 weeks after the procedure, he had pain rated at 7/10. Pain relief of at least 50% lasting for at least 12 weeks is not documented. A repeat medial branch radiofrequency ablation is not considered medically necessary. The claimant has a remote history of a work-related injury in July 1995 and is being treated for chronic low back pain. On 08/10/10 the claimant had undergone medial branch radiofrequency ablation with some pain relief. Pain was rated at 7/10. The procedure was done on 05/14/10. When seen, he was having low back pain. Physical examination findings included a BMI of over 32. There was lumbar tenderness with muscle spasms. There was facet tenderness with positive facet loading and positive Gaenslen testing. A repeat medial branch radiofrequency ablation is being requested. Criteria for a repeat lumbar radiofrequency ablation treatment include that the previous procedure was performed more than six months before with pain relief of at least 50% lasting for at least 12 weeks. In this case, the claimant underwent medial branch radiofrequency ablation in May 2010. At less than 14 weeks after the procedure, he had pain rated at 7/10. Pain relief of at least 50% lasting for at least 12 weeks is not documented. A repeat medial branch radiofrequency ablation is not considered medically necessary.