

Case Number:	CM15-0196923		
Date Assigned:	10/12/2015	Date of Injury:	10/28/1963
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Minnesota, Florida
 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 74 year old male, who sustained an industrial injury on October 28, 1963. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbosacral spondylosis. Treatment to date has included diagnostic studies, physical therapy, home exercises and medications. On July 16, 2015, the injured worker complained of chronic low back pain. The pain was located in the lumbar region in band-like distribution. He also reported occasional cramping in his thighs. The pain is worse with sitting and then going to standing, in which he feels a sharp pain in his low back. Physical examination of the lumbar spine revealed full flexion, limited extension and bilateral oblique extension, which reproduced his low back pain. The treatment plan included referral for medial branch block and radiofrequency ablation to L3-L4 and L4-L5, continuation of core exercises and a follow-up visit. On September 8, 2015, utilization review denied a request for bilateral lumbar medial branch radiofrequency ablation L3, L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch radiofrequency ablation, L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Facet joint radiofrequency neurotomy.

Decision rationale: California MTUS guidelines indicate that although there is good quality evidence about the efficacy of radiofrequency neurotomy of facet joint nerves in the cervical spine, similar evidence does not exist for the lumbar spine. The results are reportedly mixed. Medial branch diagnostic blocks are necessary prior to the procedure. ODG guidelines indicate that the treatment requires a diagnostic facet block with a response of 70% or better for at least 2 hours for Lidocaine. There should be no radicular pain. No more than 2 facet joint levels should be injected in 1 session and no more than 0.5 cc of injectate is given to each joint. Opioids should not be given as a sedative during the procedure. When repeat neurotomies are required this should not occur at intervals of less than 6 months from the first procedure and should not be done unless the first procedure resulted in pain relief for at least 12 weeks at 50% or better. No more than 2 joint levels are to be performed at 1 time. If different regions required blockade these should be performed at intervals of no sooner than one week and preferably 2 weeks for most blocks. In this case, more than 2 levels are requested. The medial branch block indicates 100% relief for 10 minutes, which does not represent a positive block (2 hours for Lidocaine). As such, the request for bilateral lumbar medial branch radiofrequency ablation at L3, L4, and L5 is not supported and the medical necessity of the request has not been substantiated, therefore is not medically necessary.