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| Case Number: | CM15-0209458 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 11/21/2011 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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, Oregon, Washington
 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 44 year old female, who sustained an industrial injury on 11-21-2011. The injured worker was being treated for thoracic or lumbosacral neuritis or radiculitis- unspecified, lumbar spondylosis, other postsurgical status, and lumbar sprain. The injured worker (5-12-2015 and 6-28-2015) reported ongoing left lower back pain radiating into the left buttock and thigh. The physical exam (5-12-2015 and 6-28-2015) revealed left lower extremity radicular symptoms. The physical exam did not include documentation of a musculoskeletal or lumbar spine exam. The injured worker (8-25-2015) reported ongoing left lower back pain that was non-radiating. The physical exam (8-25-2015) revealed lumbar spine true flexion of 40 degrees, extension of 15 degrees, right lateral flexion of 15 degrees, left lateral flexion of 15 degrees, and bilateral rotation of 20 degrees. The treating physician noted pain with range of motion testing. The MRI of the lumbar spine (7-1-2015) stated there was interval laminectomy at L5 and undercutting of the spinous process of L4 when compared to the prior MRI on 2-18-2013. In addition, the MRI stated there were mild degenerative changes at L4-L5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral1). Surgeries to date have included lumbar surgery. The medical records (9-10-2015), indicate the injured worker underwent blockade of the medial branch posterior primary ramus on the left at L3 (lumbar 3), L4, and L5. Treatment has included physical therapy, acupuncture, work modifications, home exercises, transforaminal epidural steroid injection, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (8-25-2015 report), the injured worker has not returned to work. The requested treatments included one lumbar medial branch radiofrequency at the left L4-5, L5-S1 facet joints. On 10-12-2015, the original utilization review non-certified a request for one lumbar medial branch radiofrequency at the left L4-5, L5-S1 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Medial Branch radiofrequency at left L4-5, L5-S1 facet joints: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 5-12-2015 and 6-28-2015 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are "not recommended except as a diagnostic tool, Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is not medically necessary.