

Case Number:	CM15-0036834		
Date Assigned:	03/05/2015	Date of Injury:	10/22/2009
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 22, 2009. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve a request for multilevel lumbar radiofrequency medial branch lesioning procedures. A January 19, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant had had earlier medial branch blocks. The claims administrator's report was approximately seven pages long and very difficult to follow. The applicant's attorney subsequently appealed. A January 19, 2015 progress note was notable for comments that the applicant reported 6-8/10 pain complaints. The applicant had undergone earlier lumbar spine surgery. The applicant had residual left-sided SI radiculopathy, the claims administrator acknowledged. On February 23, 2011, the applicant received an L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4 and L5 medial branch radiofrequency lesioning: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: No, the proposed multilevel lumbar medial branch block radiofrequency lesioning procedure was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does suggest that facet neurotomies (AKA radiofrequency lesioning procedures) should be performed only after appropriate investigation involving differential dorsal ramus diagnostic medial branch blocks, in this case, however, it did not appear that the applicant in fact carries a primary operating diagnosis of facetogenic or diskogenic low back pain for which radiofrequency lesioning procedures could be considered. The applicant has undergone earlier lumbar spine surgery for a primary operating diagnosis of left-sided lumbar radiculopathy. The applicant is also apparently employing Neurontin, the claims administrator suggested in its Utilization Review Report, again presumably for residual radicular pain complaints. Medial branch radiofrequency lesioning procedures, thus, are not indicated in the face of the applicant's residual radicular pain complaints. Therefore, the request was not medically necessary.