

Case Number:	CM15-0041967		
Date Assigned:	03/12/2015	Date of Injury:	09/11/2009
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 37 year old female who sustained an industrial injury on 9/11/09 from a slip and fall resulting in injury to her back. She is currently experiencing severe, sharp, burning, shooting right low back pain radiating across to right buttocks, both hips and right groin. There is no evidence of radiculopathy. Her pain level is 5/10. She has limited range of motion of the lumbar spine. Medications include Effexor, Protonix, Zanaflex, Phenergan, Trazadone, and Oxycodone. Diagnoses include L4-5 microdiscectomy (4/10); lumbar spondylosis without myelopathy; right lumbar facet syndrome; mechanical low back pain; status post diagnostic lumbar facet injection (median branch block) with positive results. Treatments to date include home exercise program, bed rest, activity modification, heat ice, physical therapy, chiropractic therapy, anti-inflammatory medications and muscle relaxants, right lumbar L4-5 and L5-S1 transforaminal epidural steroid injection (11/6/14). In the operative note (7/25/14) the surgeon indicates failed conservative treatment, physical therapy, and had 50-60% relief with prior similar injections and improvement in function and increase in activities of daily living. Diagnostics included right lumbar L4-5 and L5-S1 extradural myelogram (11/6/14); MRI lumbar spine with evidence of right lumbar radiculopathy. In the progress note dated 1/23/15 the treating provider is recommending radiofrequency of the right lumbar facet at L4-5 and L5-S1, noting 50% pain relief with prior procedure lasting 2-4 days with relief of muscle spasms, increase in activities of daily living, increase in function and decrease in pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar radiofrequency L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301.

Decision rationale: According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. There is no clear objective documentation of pain and function from previous radiofrequency procedure. The patient underwent a radiofrequency ablation without significant functional improvement. Therefore, the request for right lumbar radiofrequency L4-L5 and L5-S1 is not medically necessary.