

Case Number:	CM15-0243200		
Date Assigned:	12/22/2015	Date of Injury:	08/12/2007
Decision Date:	01/28/2016	UR Denial Date:	12/07/2015
Priority:	Standard	Application Received:	12/14/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on 8-12-2007. The injured worker was being treated for low back pain. The injured worker (5-14-2015) reports low back pain radiating into right buttock and thigh. The physical exam (5-14-2015) reveals tenderness at the lumbosacral junction and right sacroiliac joint and pain with lumbar extension. The injured worker (8-6-2015) reports low back pain. The physical exam (8-6-2015) reveals pain with lumbar extension and facet loading. The injured worker (10-1-2015) reports ongoing low back pain. He reports close to 100% pain relief for several hours following a dorsal medial branch block at the right L3 (lumbar 3), L4 (lumbar 4), and L5 (lumbar 5). He reports he would like to do the radiofrequency ablation. The treating physician (10-1-2015) notes there are no significant changes in the objective findings. The operative report (9-25-2015) shows that the injured worker underwent right L3, L4, and L5 dorsal medial branch diagnostic blocks with Lidocaine 2%. The treating physician notes 100% pain reduction following the procedure. Treatment has included a cane, exercises and stretching, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (10-1-2015 report), the injured worker is currently retired. On 10-13-2015, the requested treatments included radiofrequency ablation at the right L3, L4 and L5 levels. On 12-7-2015, the original utilization review non-certified a request for radiofrequency ablation at the right L3, L4 and L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation, right L3, L4 and L5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg.twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiofrequency ablation.

Decision rationale: Guidelines consider medial branch blocks for diagnostic purposes. If successful the recommendation is to proceed to a medial branch diagnostic block followed by neurotomy. In this case, provided documentation lacks the procedural note outlining diagnostic medial branch block with the use of an anesthetic only with no use of IV sedation prior to consideration for facet rhizotomy. The request for radiofrequency ablation right L3, L4 and L5 levels is not medically necessary and appropriate.