

Case Number:	CM14-0122522		
Date Assigned:	09/16/2014	Date of Injury:	08/19/2010
Decision Date:	10/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year old female injured August 17, 2010 due to pushing a cart through an elevator that resisted the cart. Clinical note, dated July 9, 2014, indicates the injured worker complains of lumbar pain 6/10 on the visual analog scale now that the medial branch block has worn off. Pain is in low lumbosacral region and goes down to bilateral legs to feet. Pain is better with activities and worse in sedentary positions. Physical therapy learned exercises help but only temporarily. The injured worker uses Butrans but does not alleviate pain. The injured worker reported temporary relief from medial branch block to bilateral L3,4,5, dated June 19, 2014, that lasted about three days with 60-70% pain relief. Low back pain has come back. Physical exam of the lumbar spine reveals guarded bilateral lumbar spine motion due to pain. Lumbar range of motion: flexion at 45 degrees, extension at 20 degrees, left lateral bend at 10 degrees and right lateral bend at 15 degrees. MRI of the lumbar spine, dated, July 7, 2014, revealed partial non segmentation of L2 and L3 vertebra which is developmental, resulting in dextroscoliosis of the lumbar spine, degenerative changes are seen at the L4-5 and L5-S1, foraminal narrowing without obvious intraforaminal nerve root impingement, tightening of the lateral recess at L4-5 which may affect the traversing nerve roots. Diagnoses include lumbar facet arthralgia, lumbar discogenic pain, and sciatica. The previous utilization review denied the request for RFA (Radio Frequency Ablation) Bilateral L3, L4 & L5 on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA (Radio Frequency Ablation) Bilateral 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 - Radiofrequency Neurotomy

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

Decision rationale: Per ODG, facet joint RF neurotomy requires a diagnosis of facet joint pain using a medical branch block as described below: Per ODG, facet joint RF neurotomy requires a diagnosis of facet joint pain using a medical branch block as described below: Criteria for the use of diagnostic block for facet mediated pain include: 1) One set of diagnostic medial branch block with a response of at least 70% lasting at least 2 hours for lidocaine; 2) Low back that is non-radicular and no more than two levels; 3) Documentation of failure of conservative treatment (PT, NSAIDs) at least 4 weeks. In this case, there is evidence of lumbar radiculopathy. There is no documentation of at least 70% pain relief with medial branch block. There is no documentation of trial & failure of conservative treatment. Therefore, the medical necessity of the request for RFA is not established per guidelines.