

Case Number:	CM14-0125998		
Date Assigned:	08/15/2014	Date of Injury:	10/12/2000
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year old male was reportedly injured on October 12, 2000. The mechanism of injury reported was a 4 foot fall into an elevator pit (off of scaffolding). A more recent progress note, dated April 10, 2014, indicates that there were ongoing complaints of bilateral elbow pain and left lower extremity pain. The physical examination demonstrated that, lumbar flexion was diminished by 20 percent. With the moderates tight band, moderate spasm, moderate hypertonicity, and moderate tenderness along the bilateral lumbar and positive facet distraction. Loading maneuvers at the bilateral L3 to L4 and L4 to L5. A positive golfers elbow test, positive Tinel's test, positive cubital tunnel tests bilaterally, and restricted range of motion of the wrists bilaterally were noted in addition to a positive TFCC stress test, Alan's test, and Tinel's test. Detailed diagnostic results were not noted. Previous treatment includes therapy, pharmacotherapy, and activity modifications. A request had been made for N block other peripheral (bilateral L3 to L4, and L4 to L5, lumbar facet nerve radiofrequency ablation for the left lower extremity) and was not certified in the preauthorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

N Block other Peripheral (Bilateral L3-L4 and L4-L5 Lumbar Facet Nerve Radiofrequency Ablation for Left Lower Extremity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 13,49,11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014: Knee & Leg-Prosthesis, Durable Medical Equipment

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

Decision rationale: Treatment guidelines support lumbar medial branch blocks to aid in determining whether or not the claimant is a candidate for rhizotomy. The guideline criteria for support of this diagnostic intervention includes nonradicular pain (where no more than 2 levels are being injected bilaterally), and when objective evidence of pain is noted that is significantly exacerbated by extension and rotation or associated with lumbar rigidity, and when there has been suboptimal response to other conservative treatment modalities. This request is for radiofrequency ablation, bilaterally, at 2 levels. The progress note that accompanies this request indicates that a diagnostic injection would be provided, that would only if a positive response was identified, the radiofrequency ablation would be provided. Moreover, all of the above noted guideline criteria for this injection are not referenced. The guidelines require that a diagnostic block be provided 1st, after which documentation of the claimant's response should be submitted to determine whether or not a clinical indication for the radiofrequency ablation is present. The necessary documentation of a positive response to a prior diagnostic medial branch block at the levels indicated is not provided in the 1368 pages of medical record reviewed. As such, this request is considered not medically necessary.