

Case Number:	CM14-0145519		
Date Assigned:	09/12/2014	Date of Injury:	12/29/2013
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 12/29/13 when he was struck by a forklift while working at ██████████ stocking shelves. He continues to be treated for neck, thoracic, and low back pain. Treatments have included medications, physical therapy, and acupuncture. He has work restrictions by continues to be out of work. An MRI of the lumbar spine on 04/10/14 showed findings of mild disc desiccation with disc bulging and a small left lateralizing disc protrusion at L4-5 with normal findings at all other levels. Urine drug screening in May 2014 showed inconsistent findings. He was seen on 05/21/14. He was having ongoing neck soreness and stiffness and low back pain. Acupuncture was providing a few days of pain relief. He had completed nine physical therapy treatment sessions. Physical examination findings included cervical spine muscle tenderness with decreased range of motion. There was lumbar spine tenderness with negative straight leg raising. Diagnoses were a low back contusion and sprain of the shoulder and trapezius, head contusion, and right ankle sprain. He was seen on 06/25/14 and the urine drug screening results were reviewed. Medications were ibuprofen, Naprosyn, and Flexeril. Physical examination findings included bilateral lumbar facet joint tenderness with increased symptoms with lumbar extension. Bilateral lumbar facet medial branch blocks were recommended and performed on 07/31/14 with fluoroscopic guidance with bilateral L4/5 and L5/S1 medial branch blocks done with Xylocaine. There was an 80% improvement with increased lumbar range of motion 30 minutes after the injection. In follow-up on 08/11/14, there had been a 70% improvement after the injections lasting for more than two hours. He had pain rated at 5/10 and was having low back spasms. Physical examination findings appear unchanged. Authorization for bilateral lumbar radiofrequency ablation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection paravert facet joint Lumbar Spine 1 level (Fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014, Low Back

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-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: The injured worker is 10 months status post work-related injury and continues to be treated for neck, thoracic, and low back pain. Treatments have included medications, physical therapy, and acupuncture. He underwent diagnostic lumbar medial branch blocks with positive response. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks, that no more than two joint levels are performed at one time, and that there is evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the injured worker has failed to benefit from prior conservative treatments. A diagnosis of facet joint pain is supported by his response to diagnostic medial branch blocks. A continued home exercise program and medication management would be expected after the procedure. The requested medial branch radiofrequency nerve ablation meets the applicable criteria and is considered medically necessary.