

Case Number:	CM15-0110914		
Date Assigned:	06/17/2015	Date of Injury:	05/27/2014
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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, Alabama, 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 male, who sustained an industrial injury on 5/27/14. The injured worker was diagnosed as having lumbosacral spondylosis. Treatment to date has included physical therapy, left L4-5 and L5-S1 facet injections that provided 80% reduction in pain, and medication including Tramadol ER. A MRI obtained on 8/21/14 revealed multilevel facet joint degeneration with stenosis. There is mild to moderate facet joint degeneration appearing more severe on the right than left and there is also mild encroachment of the central canal and encroachment of the neuroforaminal contributing to mild to moderate bilateral foraminal stenosis. Currently, the injured worker complains of low back pain. The treating physician requested authorization for left permanent lumbar facet injection/radiofrequency ablation at L4-5 and L5-S1 medial bundle branches, fluoroscopy, and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left permanent lumbar facet injection/radiofrequency ablation L4-5 and L5-S1 medial bundle branches, fluoro, IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

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

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." In this case, the patient underwent a left L4-5 and L5-S1 facet injection on March 3, 2015; however, there is no evidence of sustained functional improvement or reduction in medications use following the injection. Therefore, the request for Left permanent lumbar facet injection/radiofrequency ablation L4-5 and L5-S1 medial bundle branches, fluoro, IV sedation is not medically necessary.