

Case Number:	CM15-0114012		
Date Assigned:	06/22/2015	Date of Injury:	09/16/2009
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 57 year old male, who sustained an industrial injury, September 16, 2009. The injury was sustained when the injured worker grabbed a piece of iron, lifting and twisting the back causing the injured worker immediate pain. The injured worker previously received the following treatments post diagnostic medial branch block right L3, L4 and L5, x-rays, MRI, massage, TENS (transcutaneous electrical nerve stimulator) unit, Norco, Advil, Neurontin, Lyrica, Cymbalta, Effexor, Lexapro and Nucynta. The injured worker was diagnosed with chronic pain syndrome, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, lumbago, cervicalgia, displacement of cervical intervertebral disc without myelopathy, generalized osteoarthritis involving multiple sites and carpal tunnel syndrome. According to progress note of May 18, 2015, the injured worker's chief complaint was low back pain right worse than the left with stiffness ad spasms. The injured worker also had pain in the bilateral neck with tingling and pain shooting down into the upper extremities. The neck was progressively getting worse due to welding. Other issues were right shoulder and left knee. The injured worker reported an 80% relief from the last diagnostic medial branch block on the right L3, L4 and L5 given on May 13, 2015. The injured worker's pain level dropped from 6 out of 10 to 2-3 out of 10. The physical exam noted 50% restricted and painful range of motion of the cervical spine. There was moderate tenderness over the mid and lower cervical facet on the right. There was severe tenderness over the lower lumbar facets bilaterally, right worse than the left. The facet loading test was positive bilaterally right worse than the left in the lumbar region. The injured worker walks with an antalgic gait. The right upper extremity showed some motor

weakness with dorsiflexion and grip strength. The treatment plan included radiofrequency lesioning right L3, L4 and L5 times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Lesioning, Right Lumbar L3, L4, L5, Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Facet Joint Radiofrequency Neurotomy.

Decision rationale: MTUS Guidelines do not address this request in adequate detail. ODG Guidelines addresses this issue in great detail and recommends a single set of radiofrequency lesioning when trial facet diagnostic injections were successful. It is clearly documented that the diagnostic injections were successful, which would qualify for a single series of radiofrequency lesioning. Repeat series are not recommended unless there is a significant and lengthy response (50% pain relief for 12 weeks) to the initial series radiofrequency lesioning. It is not clear why the request is for "Qty 2". The request for an automatic series of 2 procedures "Radiofrequency Lesioning, Right Lumbar L3, L4, L5, Qty 2" is not supported by Guidelines and is not medically necessary.