

Case Number:	CM15-0127922		
Date Assigned:	07/14/2015	Date of Injury:	02/19/2002
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 67-year-old male who sustained an industrial injury 02/19/2002. Diagnoses/impressions include lumbar spondylosis; right L4-L5 lumbar radiculopathy; and lumbar facet syndrome. Treatment to date has included medications, translaminar and right transforaminal lumbar epidural steroid injections (TFESI) and home exercise. L5-S1 translaminar lumbar epidural steroid injection and TFESI at L4 and L5 on the right on 1/5/15 and 3/16/15 provided 70% or greater pain relief for approximately two to three months each time. According to the progress notes dated 6/4/15, the IW reported his low back pain started coming back 6/3/15. The notes stated the IW still had good pain control after the 'medial branch blocks'. He complained of low back axial pain radiating to the mid back rated 4-5/10. On examination, paravertebral muscle spasm and localized tenderness was present in the L4-L5 and L5-S1 facet joints. Hyperextension maneuver of the lumbar spine was positive and range of motion was terminally restricted. Motor strength and sensory exam of the bilateral lower extremities was normal. Bilateral sitting straight leg raise was positive at 50-60 degrees. A request was made for bilateral L3, L4, and L5 medial branch radiofrequency lesioning for long duration of pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 Medial Branch Radiofrequency Lesioning Qty: 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint radiofrequency ablation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block. 2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks. 3. No more than two joint levels are to be performed at one time. 4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The criteria as listed above have been met in the provided clinical documentation for review and therefore the request is medically necessary.