

Case Number:	CM15-0174990		
Date Assigned:	09/16/2015	Date of Injury:	03/18/2011
Decision Date:	10/16/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old male, who sustained an industrial injury on March 18, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having back pain, lumbar degenerative disc disease and lumbosacral spondylosis without myelopathy. On August 3, 2015, the injured worker complained of increasing lumbar spine pain exacerbated by all physical activities. The pain was rated as a 4 on a 1-10 pain scale on the date of exam and an 8 on the pain scale at worst. Medication and injections were noted to "alleviate" his symptoms. Prior bilateral medial branch blocks L3-S1 completely alleviated his pain for four to five hours with a gradual return of "discomfort." Physical examination of the lumbar spine revealed severe tenderness and "moderately" decreased range of motion. Kemp's test was positive bilaterally. The treatment plan included bilateral radiofrequency ablation L3-4, L4-5 and L5-S1 and a follow-up visit. On August 17, 2015, utilization review denied a request for bilateral radiofrequency ablation L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency ablation L3/4, L4/5, L5/S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (injections) and Facet joint radiofrequency neurotomy.

Decision rationale: Bilateral radiofrequency ablation L3/4, L4/5, L5/S1 are not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and no more than 2 levels. The ODG states that no more than two joint levels are to be performed at one time for a radiofrequency neurotomy. The request for 3 levels exceeds the guideline recommendations and therefore this request is not medically necessary.