MAXIMUS Federal Services

Case Number:	CM15-0079541		
Date Assigned:	04/30/2015	Date of Injury:	08/05/1999
Decision Date:	05/29/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/25/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 66 year old female who sustained an industrial injury on 8/05/99. The mechanism of injury was not documented. Record indicated that the injured worker underwent medial branch block at L4/5 and L5/S1 bilaterally on 2/13/15. The 3/19/15 treating physician report indicated that the injured worker had her bilateral lumbar medial branch blocks on 2/13/15 and had a significant reduction in pain (>50%) for 2-3 days. She was working 5 days a week which aggravated her back, but she was able to recover over the weekend and pain was increased. Physical exam documented some palpable tenderness over the facet joints in the bilateral lower lumbar segments L4/5 and L5/S1. There was some muscle tightness throughout. Pain was limited in lumbar extension to 15-20 degrees, and flexion was 60 degrees. The diagnosis was chronic lumbar pain with facet component. The treatment plan included continued medications with plan to reduce the strength and quantity, currently oxycodone IR 20 mg #120 and Cymbalta. Work status was reduced to 3 full duty days per week. Authorization was requested for radiofrequency ablation at L3/4, L4/5, and L5/S1 bilaterally. The 3/30/15 utilization review non-certified the request for radiofrequency ablation bilateral L3/4, L4/5, and L5/S1 as there was no documentation that medial branch blocks resulted in at least 70% pain reduction and no more than 2 levels are supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation at the bilateral L3-4, L4-5, and 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, Low Back, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. This injured worker presents following medial branch blocks at L4/5 and L5/S1 with a greater than 50% reduction in pain for 2 to 3 days. This does not clearly meet the guideline requirements of a greater tha 70% pain response. Additionally, the medial branch blocks were performed at the L4/5 and L5/S1 levels, consistent with clinical exam evidence of tenderness at those levels. There is no compelling reason to support treatment to the L3/4 level. Therefore, this request is not medically necessary.