

Case Number:	CM15-0099919		
Date Assigned:	06/02/2015	Date of Injury:	07/12/2004
Decision Date:	06/30/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 7/12/2004. The current diagnoses are lumbar spondylosis without myelopathy, lumbago, left spine pain, lumbar/lumbosacral disc degeneration, shoulder joint pain, Diabetes, and obesity. According to the progress report dated 4/30/2015, the injured worker complains of aching, throbbing low back pain. The pain is noted to be worse since last visit. His average pain is rated 8/10, with medications 4-5/10, and without 10/10. The physical examination of the lumbar spine reveals tenderness over the paraspinal muscles. The current medications are Flexeril, Norco, and Prilosec. Treatment to date has included medication management, MRI studies, physical therapy, and 4 medial branch blocks. Per notes, he had a bilateral L4-S1 medial branch block (6/19/2013), which provided 70% relief for about 3-4 hours. His second L4-S1 block (8/28/2013) provided more than 50% relief for 8 months. His third block (4/2014) provided 70% relief for 3 months, currently 50% for two more months, total 5 months. The fourth block (10/2014) provided 70% relief for 6 months. The plan of care includes bilateral L3-5 medial branch radiofrequency under moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L3-5 medial branch radiofrequency under moderate sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in July 2004. He continues to be treated for chronic back pain. Prior treatments have included radiofrequency ablation of the L3-L5 lumbar medial branches. He underwent this procedure in August 2013, April 2014, and most recently in October 2014. After the last procedure, he had 70% pain relief lasting for six months. When seen, there had been a return of pain over the previous few weeks and medications were no longer working well. There was decreased and painful lumbar spine range of motion with positive facet loading bilaterally. In terms of this request, if a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. No more than 3 procedures should be performed in a year's period. In this case, the criteria are met and the repeat medial branch radiofrequency was medically necessary.

1 right L3-5 medial branch radiofrequency under moderate sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in July 2004. He continues to be treated for chronic back pain. Prior treatments have included radiofrequency ablation of the L3-L5 lumbar medial branches. He underwent this procedure in August 2013, April 2014, and most recently in October 2014. After the last procedure, he had 70% pain relief lasting for six months. When seen, there had been a return of pain over the previous few weeks and medications were no longer working well. There was decreased and painful lumbar spine range of motion with positive facet loading bilaterally. In terms of this request, if a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. No more than 3 procedures should be performed in a year's period. In this case, the criteria are met and the repeat medial branch radiofrequency was medically necessary.

