

Case Number:	CM14-0140646		
Date Assigned:	09/10/2014	Date of Injury:	03/15/2012
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old female was injured 3/15/12. An L5-S1 fusion was done. She has had facet blocks and epidural steroid injections. Examination 7/11/14 with complaints of low back pain noted tenderness, spasm, trigger points, and decreased range of motion relative to the lumbar spine. Epidurals 10/3/12 were of benefit. Bilateral L4/5 epidural steroid injections 12/5/12 resulted in 70% improvement. L4/5 facet blocks were done 4/17/13 with 70% improvement. Bilateral L3 and L4 medial branch RF ablation was done 7/31/13 with 75% improvement enabling her to return to work. As of 8/4/14, she has noted some return of her symptoms. Radicular symptoms remain in her legs but the axil back pain is worse. The request was for bilateral L3 and L4 medial branch RF ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4 Medial Branch Radiofrequency Ablation (MBRFA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index,

9th Edition (web), 2011, Low back - Criteria for facet joints blocks. Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Low back-Facet rhizotomy.

Decision rationale: Per Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web),, facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain. Facet joint blocks require facet joint pain symptoms and is limited to patients with low back pain that is non radicular. The progress notes repeatedly describe radicular pain. Confusing is the fact that epidurals, facet blocks, and RF ablation was all equally beneficial. The difference may have been duration of benefit. However, as long as there is radicular pain, criteria are quite clear that medial branch block RFA is not indicated.