

Case Number:	CM14-0144327		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2011
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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:

The injured worker is a 58 year old female who was injured on 03/07/11 when she slipped and fell. Among the injured worker's diagnoses is thoracic or lumbosacral neuritis or radiculitis unspecified. A procedure note dated 07/14/14 reveals that lumbar facet blocks at L4-5 bilaterally and lumbar facet arthrogram were performed on this date. Per orthopedic evaluation dated 08/15/14 the injured worker complains of pain and aching in the low back with numbness and aching in the buttocks and aching pain in the right posterior thigh. Additional complaints include pain and aching in the right knee; of note, the injured worker is status post arthroplasty of the right knee dated 08/07/12. Physical examination on this date is significant for decreased sensation over the left L3 through S1 dermatomal distributions, positive straight leg raise bilaterally at 80 and decreased strength about the bilateral hip abductors and knee extensors. Examination is also significant for tenderness to palpation of the lower lumbar spine and decreased range of motion of the lumbar spine with pain upon flexion at 40. Right and left lateral bend is 12. This note references diagnostic injections about the lumbar spine but does not comment on the injured worker's response to this procedure. This note states request for authorization of a radiofrequency ablation at L4-5 bilaterally will be submitted. Such a request was denied by Utilization Review dated 08/19/14 citing objective findings such as positive straight leg raise and reduced sensation that suggest the presence of an active radiculopathy. This rationale also cites a lack of a clear definition of the injured worker's response to the diagnostic medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation L4-5 bilaterally: Upheld

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

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

Decision rationale: The pain response should last at least 2 hours for Lidocaine. The records submitted for review reveal that diagnostic blocks were performed at L4-5 bilaterally; however, the injured worker's response to this procedure was not described. Moreover, the use of facet blocks and neurotomies is not supported when there is evidence of an active radiculopathy upon physical examination. Physical examination dated 08/05/14 was significant for decreased sensation about the left lower extremity in L3 through S1 dermatomal distributions and bilateral straight leg raise was positive at 80. Based on the clinical information provided and the cited guidelines, medical necessity of a radiofrequency ablation of L4-5 bilaterally is not established.