

Case Number:	CM14-0147689		
Date Assigned:	09/15/2014	Date of Injury:	04/27/2007
Decision Date:	10/20/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 48 year old female who was injured on April 27, 2007 while working as a garden sales associate. The mechanism of injury occurred when loading stones into a customer's vehicle. The diagnoses listed as thoracic or lumbosacral neuritis or radiculitis unspecified (724.4). The most recent progress note dated 7/30/14, reveals complaints of bilateral lower extremity pain that started after an injury to the lumbar spine while working. Prior treatment includes epidural injection with greater than eight week's relief with greater than fifty percent improvement. Ongoing pain increases with activity, mostly in the spine without radiation to the legs though she did have some radiation to her groin. Physical examination revealed lumbar spine range of motion limited in extension, with concordant pain, lumbar radiculitis and lumbar disc degeneration with primary component of facet mediated pain at the present time, consistent with discogenic pain. A prior utilization review determination dated 8/14/2014, resulted in denial of lumbar medical branch block radiofrequency ablation in stages.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medical branch block radiofrequency ablation in stages: Upheld

Claims Administrator 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 chapter, Facet joint diagnostic injections

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 - criteria for facet joint radiofrequency neurotomy

Decision rationale: Per ODG, criteria for facet joint radiofrequency neurotomy include a diagnostic facet medial branch block (criteria: limited to lower back pain (LBP) that is non-radicular, with documentation of failure of conservative treatment such as non-steroidal anti-inflammatory drugs (NSAIDS), physical therapy (PT) or HEP for at least 4-6 weeks, with a response of at least 70% lasting at least 2 hours for lidocaine) and no more than two levels are to be performed at one time and there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the medical records do not document the above criteria being met; there is evidence of lumbar radiculitis. There is no documentation of at least 70% pain relief with diagnostic medial branch block. There is no documentation of failure of conservative treatment such as NSAIDS, PT or HEP for at least 4-6 weeks. The request is not medically necessary in accordance to guidelines.