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| Case Number: | CM13-0026836 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 12/21/2004 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

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 Nevada. 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 records presented for review indicate that this 47 year-old male was reportedly injured on 12/21/2004. The mechanism of injury is noted as a slip and fall. The most recent progress note dated 7/3/2014, indicates that there are ongoing complaints of neck and back pain. Physical examination demonstrated diminished range of motion in lumbar spine with pain; limping with a cane and favoring the right lower extremity. MRI of cervical spine dated 9/17/2013 showed disk degeneration at C3/4 mostly and small posterior disk/osteophyte noted at C3/4. MRI of the lumbar spine dated 9/17/2013 was normal. Previous treatment includes radiofrequency ablation in July 2010, January 2011, June 2012 and February 2013; lumbar epidural steroid injections; physical therapy; TENS unit; and medications to include Norco, Cymbalta, Omeprazole, Gabapentin and Lexapro. A request had been made for Right T11, T12, L1, L2, Medial Branch Radiofrequency Neurolysis, which was not certified in the utilization review on 8/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T11, T12, L1, L2, Medial Branch Radiofrequency Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Electronically cited.

Decision rationale: MTUS/ACOEM practice guidelines do not make recommendations for or against radiofrequency for chronic back pain. Official Disability Guidelines (ODG) supports facet joint radiofrequency neurotomy after confirmation with diagnostic medial branch blocks and meet specific criteria to include: repeat neurotomies >6 months apart, >50% improvement in pain, no more than 2 levels performed at one time, and no more than 3 procedures a year. After review of the available medical records, the claimant does not meet the required guideline criteria. As such, this request is not medically necessary.