MAXIMUS Federal Services

Case Number:	CM14-0167976		
Date Assigned:	10/15/2014	Date of Injury:	12/06/1994
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Allergy and Immunology, 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 51 year old male was injured 12/6/94. The patient complained of low back pain of a 6-7/10. The diagnosis includes multilevel lumbar degenerative disc disease. He had had an L2-3 discectomy 12/26/12 and developed an epidural abscess postop. The pain interferes with his sleep as well as his activities of daily living. MBB had been done 11/2013. RF ablation was of benefit in the past reducing his pain by 50%. Acupuncture was used in 6/2014 and was of benefit. The request was for acupuncture x 4 and bilateral L3-4, L4-5, and L5-S1 RF Rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of acupuncture: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the MTUS Acupuncture Medical Treatment Guidelines, "With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks." The medical records provided to this reviewer have established medical necessity for this treatment. There has been documentation of benefit derived from the use of this treatment modality when

used in 6/2014. Therefore, the request for additional sessions of acupuncture is medically necessary.

1 bilateral L3-L4, L4-L5 and L5-S1 radiofrequency Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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, Facet joint pain, signs & symptoms.

Decision rationale: According to Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), 2011, Facet joint pain, signs & symptoms. "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Diagnostic MBB's were done 11/2013. There is not a record of benefit derived but RF ablation was done. There is not a report of same. There was not a record of derived functional improvement. Therefore, the request for RF Ablation is not medically necessary.