

Case Number:	CM14-0170790		
Date Assigned:	10/23/2014	Date of Injury:	07/12/2004
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 57-year old male. The date of injury is 7/12/2004. The patient sustained an injury to the lumbar spine and right knee. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the low back with decreased range of motion and pain worsened with movement. A request for Left L3-5 (S1) medial branch radiofrequency (to be performed in a separate visit from the right side) and Right L3-5 (S1) medial branch radiofrequency (to be performed in a separate visit from the left side) was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-5 (S1) medial branch radiofrequency (to be performed in a separate visit from the right side): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Radiofrequency Neurotomy

Decision rationale: According to the ODG guidelines Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Radiofrequency Neurotomy, no more than 2 facet joint levels are to be lesion at one time. The current request involves more than 2 levels. Therefore at this time the requirements for treatment have not been met and the Left L3-5 (S1) medial branch radiofrequency (to be performed in a separate visit from the right side) is not medically necessary.

Right L3-5 (S1) medial branch radiofrequency (to be performed in a separate visit from the left side): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Radiofrequency Neurotomy,

Decision rationale: According to the ODG guidelines Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Radiofrequency Neurotomy, no more than 2 facet joint levels are to be lesion at one time. The current request involves more than 2 levels. Therefore at this time the requirements for treatment have not been met and the Right L3-5 (S1) medial branch radiofrequency (to be performed in a separate visit from the left side) is not medically necessary.