

Case Number:	CM14-0035220		
Date Assigned:	06/23/2014	Date of Injury:	05/28/2003
Decision Date:	08/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 43-year-old female was reportedly injured on May 28, 2003. The mechanism of injury was not listed. The most recent progress note dated February 5, 2014, indicated that there were ongoing complaints of low back pain and left leg pain. Current medications include tramadol, Soma, and ibuprofen. The physical examination demonstrated decreased lumbar range of motion and a normal neurological examination. There was mild to moderate tenderness over the right sacroiliac joint, the trochanteric bursa, and the piriformis muscles on the right side. Diagnostic imaging studies of the lumbar spine showed early degenerative changes without any central spinal or neural foraminal stenosis. Previous treatment included epidural steroid injections. A request was made for a left sided lumbosacral rhizotomy and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Radiofrequency Lumbar at S1,S2, S3, S4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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 and Thoracic, Facet Joint Radiofrequency Neurotomy, updated July 3, 2014.

Decision rationale: According to the Official Disability Guideline requirements for facet joint radiofrequency neurotomy, it includes a diagnoses of facet joint pain with a previous medial branch block. The available medical record did not state that a previous medial branch block was performed to confirm that this was the site of the injured employee's lumbar spine pain generator. Furthermore, no more than two levels should be blocked at any one time. For these reasons, this request for a left radiofrequency lumbar neurotomy at S1, S2, S3, and S4 is not medically necessary.