

Case Number:	CM14-0076319		
Date Assigned:	07/16/2014	Date of Injury:	05/21/2009
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 New York. 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 45 year old female presenting with a history of a work related injury that occurred on 5/21/2009. She reported persistent lower back pain since that time. Her pain radiates into the groin bilaterally. She has had past treatment with physical therapy, acupuncture, and chiropractic care has not been successful in alleviating her symptoms. She also had a previous lumbar fusion without pain resolution. She notes weakness and numbness, and sacroiliac joint tenderness. Her treating physician is requesting radiofrequency of the bilateral lumbar facet joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency of the Bilateral Lumber fact: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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) Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: The injured worker in this case does not have clear evidence of facet mediated pain. She has documented radiating groin pain, weakness and numbness. She was also diagnosed with sacroiliitis and has received previous epidural steroid injections. This clinical setting is not consistent with facet related pain. In addition, there is no clear documentation that

previous facet joint blocks have resulted in significant lasting pain relief. The Official Disability Guidelines state that facet neurotomy requires a clear diagnosis of facet mediated pain symptoms which was not evident in this case. The Official Disability Guidelines also states that a normal sensory examination is needed to establish a diagnosis of facet related pain. This injured worker however had documented numbness. Therefore, the requested radiofrequency of the bilateral lumbar facet joint would not be considered medically necessary.