

Case Number:	CM14-0079621		
Date Assigned:	07/18/2014	Date of Injury:	04/04/2011
Decision Date:	08/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 Orthopedic Surgery 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:

The injured worker is a 61 year old male whose date of injury is 04/04/11. On this date the injured worker fell off a truck and injured the right shoulder and right knee. The injured worker is status post left knee arthroscopy on 08/02/13 and right knee arthroscopy on 09/02/11, status post right shoulder open rotator cuff repair on 01/04/13 and right shoulder arthroscopy on 10/20/11. Follow up note dated 02/17/14 indicates that the injured worker complains of shoulder, knee and lumbar pain. The injured worker is not performing a home exercise program. Diagnoses are cervical spondylosis with myelopathy, lumbosacral spondylosis, osteoarthritis of the knee and shoulder bursitis. The injured worker is noted to be status post T9-12 medial branch blocks with great temporary relief in May 2014. Agreed medical evaluation dated 06/16/14 indicates that the injured worker has pain in the lumbar region. The injured worker appears to be at maximum medical improvement for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA (radiofrequency ablation) at T9-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for use of facet joint radiofrequency neurotomy.

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The request is excessive as the Official Disability Guidelines note that no more than two levels should be performed. The injured worker presents with lumbar pain complaints; however, the request is for thoracic radiofrequency ablation. The requested procedure is not in accordance with Official Disability Guidelines recommendations, and medical necessity is not established. Therefore, the request is not medically necessary.