

Case Number:	CM14-0082136		
Date Assigned:	07/21/2014	Date of Injury:	06/27/2012
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 Neurological 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 42-year-old female who was reportedly injured on June 27, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 22, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity with numbness and weakness. Previous treatment had included anti-inflammatory medications, physical therapy, a back brace, chiropractic care, and epidural injections. There is a pending request for acupuncture. Current medications include Ibuprofen, Tizanidine, Percocet, Trazodone and Vicodin. The physical examination demonstrated slightly decreased lumbar spine range of motion and tenderness of the lumbar paraspinal muscles with spasms. There was a normal lower extremity neurological examination. Diagnostic imaging studies objectified reported a disc herniation at L4-L5 and L5-S1 as well as significant facet arthropathy from L3 through S1. A request for lumbar spine medial branch blocks on the right at L3-L4, L4-L5 and L5-S1 were requested, and existing medications were refilled. A request had been made for a lumbar radiofrequency neurotomy and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Neurotomy (unknown level): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Guidelines, the criteria for the use of facet joint radiofrequency neurotomy includes previous treatment with facet joint injection medial branch block, which provides at least 50% relief for 12 weeks' time. The medical record did not indicate that this procedure has been completed and what efficacy has been achieved with it. Without this information, this request for a lumbar radiofrequency neurotomy is not recommended.