

Case Number:	CM14-0158097		
Date Assigned:	03/09/2015	Date of Injury:	03/31/2002
Decision Date:	04/14/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 63-year-old male who sustained an industrial injury on 03/31/02. He reports worsening neck pain, tightness, and right low back pain. Diagnoses include cervical and lumbar spinal stenosis, internal derangement of the knee, cervical and lumbosacral disc degeneration, cervical disc displacement, myalgia, arthrodesis status, idiopathic torsions dystonia, and lumbosacral spondylosis and neuritis. Treatments to date include surgeries, facet injections, medications, and ESIs. In a progress noted dated 06/17/14 the treating provider recommends right L3-5 radiofrequency medial branch neurotomy. On 08/26/14, Utilization Review non-certified the surgery citing MTUS guidelines. The intravenous sedation was not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar L3-4 radio frequency: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Blocks, Facet Joint Rhizotomies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Radiofrequency Section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 06/17/14, demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification.

Right lumbar L4-5 radio frequency: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Blocks, Facet Joint Rhizotomies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Radiofrequency Section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 06/17/14, demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medically Necessary Section.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.