

Case Number:	CM14-0174971		
Date Assigned:	10/28/2014	Date of Injury:	06/04/2010
Decision Date:	03/10/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/22/2014

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:

Claimant with reported industrial injury of June 4, 2010. Exam note September 11, 2014 demonstrates extremity pain, back pain and muscle tenderness. Pain is noted to be an 8-9/10. Examination discloses tenderness to palpation over the lumbar region. Reduced range of motion is noted globally and regionally. Muscle strength is reduced in the hip flexor muscles, quadriceps, great toe extensors and plantar flexor muscles. The claimant has had a prior right L4-5 and L5-S1 radiofrequency ablation done on July 9, 2013 and June 25, 2013 which afforded him 95% relief over the last year. Prior left L5-S1 radiofrequency ablation was done on April 9, 2013 and January 22, 2013 which also provided 95% relief for over a year. CT scan lumbar spine from March 11, 2014 demonstrates a central disc effusion at L4-5 resulting in mild central canal stenosis and mild bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation, Left L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index

11th Edition (web) 2014 Low Back - Lumbar & Thoracic (Acute & Chronic) Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet joint radiofrequency neurotomy

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 9/11/14 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification.

Radiofrequency Ablation, Right L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2014 Low Back - Lumbar & Thoracic (Acute & Chronic) Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Facet joint radiofrequency neurotomy

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 9/11/14 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification.