

Case Number:	CM15-0002925		
Date Assigned:	01/13/2015	Date of Injury:	02/15/2012
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on February 15, 2012. He has reported lumbar spine injury from lifting and twisting. The diagnoses have included Lumbosacral facet arthropathy and myofascial pain syndrome. Treatment to date has included previous radio frequency ablation with eleven months of significant pain relief, oral medication and Magnetic resonance imaging of lumbar spine on May 7, 2012. Currently, the injured worker complains of increased low back pain radiating to both buttocks and to the back of both thighs. The injured worker is permanent and stationary. On December 9, 2014 Utilization Review non-certified a radio frequency ablation, noting the Official Disability Guidelines (ODG) was cited. On December 2, 2014, the injured worker submitted an application for IMR for review of radiofrequency ablation of lumbar medial branch nerves bilateral L3, L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of lumbar medial branch nerves bilateral L3, L4, L5: 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, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation LUMBAR SPINE CHAPTER, RF ABLATION/Hip chapter, for Sacroiliac joint radio frequency neurotomy ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: This patient presents with lower back pain, pain in bilateral buttocks/thighs. The treater has asked for RADIO FREQUENCY ABLATION OF LUMBAR MEDIAL BRANCH NERVES BILATERAL L3, L4, L5 on 11/21/14 . The patient had a prior radiofrequency ablation of lumbar medial branch nerves and reports significant pain relief lasting 11 months, after which pain increased gradually and then returned to baseline per 11/21/14 report. For radio frequency neurotomy of L-spine, ACOEM gives mixed results, and ODG recommends repeat RF if there has been significant VAS reduction, medication reduction and functional improvement. In this case, the patient had longer than 3 months of pain relief from a prior radio frequency ablation. There is no documentation, however, of any ADL changes, or a reduction in the use of medication. The patient has returned to work on modified duty as of 4/10/14, but it does not appear to be attributed to the radiofrequency ablation. Due to a lack of documentation of functional improvement, a repeat radiofrequency ablation is not indicated per ODG guidelines. The request IS NOT medically necessary.