

Case Number:	CM15-0009431		
Date Assigned:	01/27/2015	Date of Injury:	01/07/2008
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62 year old male who sustained a work related injury January 7, 2008. According to a treating orthopedic physician's progress report, dated December 15, 2014, the injured worker presented as a follow-up. He still has left sided lower back pain. Past history included radiofrequency ablation in 2012 and 2013 with relief, and in July 2014 without relief. It was noted that Lidoderm patches have been unsuccessful. Physical examination reveals tenderness in the left lower lumbar spine, just above the lumbosacral junction. With lateral tilt, rotation and forward flexion the pain is increased. Diagnosis is documented as facet syndrome, left. Treatment plan includes request for authorization for radiofrequency ablation at L3-4, L5-S1 branch on the left. Work status remains permanent and stationary. According to utilization review dated December 29, 2014, the request for Radiofrequency Ablation to the lumbar spine Left L3-4 and L5-S1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation to the lumbar spine Left L3-L4 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-301.

Decision rationale: According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no documentation of significant pain and functional improvement with previous radiofrequency ablation on 2014. Therefore, Radiofrequency ablation to the lumbar spine Left L3-L4 and L5-S1 is not medically necessary.