

Case Number:	CM15-0009589		
Date Assigned:	01/27/2015	Date of Injury:	06/14/2005
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
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: California, Arizona

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 64-year-old male who reported an injury on 06/14/2005. The mechanism of injury was not stated. The current diagnoses include obesity with facet arthropathy and left knee degenerative joint disease. The injured worker presented on 12/15/2014 with complaints of persistent low back pain. It is noted that the injured worker has been previously treated with a lumbar facet radiofrequency ablation in 02/2013. The injured worker also utilizes Norco 2 to 3 times per day and participates in a home exercise program. Upon examination of the lumbar spine, there was pain with right lateral bending at 10 degrees, tenderness to palpation over the L3 through L5 dermatomes, 60 degree forward flexion, 25 degree extension, negative straight leg raise bilaterally, and positive facet loading on the right. Recommendations at that time included a repeat radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency thermocoagulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it is noted that the injured worker has been previously treated with a lumbar radiofrequency ablation in 02/2013. While it was noted that the injured worker responded well to the procedure, there was no documentation of objective functional improvement. Therefore, an additional procedure would not be supported at this time. Additionally, there was no specific body part listed in the request. Given the above, the request is not medically appropriate.