

Case Number:	CM15-0131699		
Date Assigned:	08/20/2015	Date of Injury:	07/26/2012
Decision Date:	09/16/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on 7-26-2012. He reported cumulative traumatic injuries to the low back, right shoulder, and left knee. Diagnoses include neck pain, shoulder pain, status post two right shoulder arthroscopies, disorder of the sacrum, bilateral knee pain, status post two left knee surgeries, lumbar disc degeneration, and right ulnar nerve lesion. Treatments to date include activity modification, medication therapy, physical therapy and therapeutic injections and radiofrequency ablations. Currently, he complained of ongoing pain in the right shoulder, low back, and left knee. Prior radiofrequency ablations were noted to provide pain relief rated 1 out of 10 VAS for approximately six months with reported decreased medication use. On 6-15-15, the physical examination documented lumbar muscle spasm and guarding and pain with axial loading of facet joints bilaterally. The plan of care included a request to authorize bilateral radiofrequency ablation to L3, L4, and L5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar radiofrequency ablation L3, L4, L5 under fluoroscopic guidance:

Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309, 187. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in July 2012 and continues to be treated for right shoulder, left knee, and chronic low back pain. When seen, he had back pain rated at 6.5/10. He felt that his previous radiofrequency ablation treatment had worn off and he wanted to repeat the procedure. He had undergone three prior treatments with excellent benefit. After the previous treatment he had pain rated at 1/10 lasting for six months with decreased use of medications. He was now taking Norco more frequently. Physical examination findings included positive lumbar facet loading and muscle spasms and guarding. Authorization for a repeat radiofrequency ablation procedure was requested. The last radiofrequency ablation treatment was done on 12/02/14. If a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. In this case, the criteria are met with the previous treatment done more than 6 months ago. The request was medically necessary.