

Case Number:	CM15-0131956		
Date Assigned:	07/20/2015	Date of Injury:	10/20/2010
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This 66 year old woman sustained an industrial injury on 10/20/2010 after tripping over two chairs and falling. Evaluations include lumbar spine MRI dated 11/17/2014. Diagnoses include lumbar radiculopathy, degenerative thoracic intervertebral disc, and lumbosacral spondylosis without myelopathy. Treatment has included oral medications, heat, rest, massage therapy, physical therapy, chiropractic care, radiofrequency ablation, and injection therapy. Physician notes on a PR-2 dated 5/12/2015 show complaints of left foot, knee, and hip pain with weakness, tingling, and numbness. The worker rates her pain 10/10 without medications and 4/10 with medications. Recommendations include Percocet, Tizanidine, continue home exercise program and stretching, repeat radiofrequency ablation, medial block, lumbar spine x-rays, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 and dorsal ramus left L5 radiofrequency ablation (RFA) medial block (MB):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-related injury in October 2010 and continues to be treated for low back pain. She underwent medial branch radiofrequency ablation on 08/05/13. When seen, there had been lasting pain relief of more than 60 - 70% after the procedure. She was having pain radiating into the left lower extremity to the foot. She was using a cane. Her BMI was over 47. There was lumbar paraspinal muscle, left buttock, groin, knee, and foot pain. There was decreased lower extremity strength and sensation and straight leg raising was positive. 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. No more than 3 procedures should be performed in a year's period. In this case, the duration of pain relief from the previous procedure is not adequately documented. Additionally, this claimant has complaints and physical examination findings of radiculopathy and medial branch radiofrequency ablation is not recommended for the treatment of radiculopathy. The requested repeat medial branch radiofrequency ablation procedure is not medically necessary.