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| Case Number: | CM15-0135839 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 04/04/1990 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: Emergency 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 75 year old male, who sustained an industrial injury on 4/4/90. The injured worker has complaints of lower back and thigh pain that radiates to the right thigh. The documentation noted that the sciatic notch is tender on the left but non-tender on the right. The diagnoses have included bilateral leg pain; low back pain and lumbosacral spondylosis without myelopathy. Treatment to date has included lumbar denervation on the left; acupuncture; medications and lumbar spine magnetic resonance imaging (MRI) on 2/6/15 showed minimally changes exam since 1/25/10 with multilevel degenerative disc disease and facet arthropathy. The request was for repeat lumbar denervation bilateral L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar denervation bilateral L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 05/15/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/03/14), Radio-Frequency Ablation.

Decision rationale: The requested Repeat lumbar denervation bilateral L4-5, L5-S1, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages 300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/03/14), Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medial branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker has lower back and thigh pain that radiates to the right thigh. The documentation noted that the sciatic notch is tender on the left but non-tender on the right. The diagnoses have included bilateral leg pain; low back pain and lumbosacral spondylosis without myelopathy. The treating physician has not documented guideline criteria of duration and percentage of functional improvement from previous neurotomy. The criteria noted above not having been met, Repeat lumbar denervation bilateral L4-5, L5-S1 is not medically necessary.