

Case Number:	CM15-0137156		
Date Assigned:	07/27/2015	Date of Injury:	10/03/2000
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: Preventive Medicine, Occupational 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 72-year-old female, who sustained an industrial injury on 10/03/2000. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include cervical spondylosis, lumbar facet arthropathy, thoracic / lumbosacral radiculopathy, and cervical spondylosis. Treatments to date include ibuprofen, muscle relaxer, physical therapy, home exercise, epidural steroid injections, radiofrequency ablation noted to provide relief for two years. Currently, she complained of pain in the low back, neck, and associated with headaches. On 5/8/15, the physical examination documented decreased lumbar range of motion, tenderness of the lumbar muscles and facet joint L4-L5 and a positive facet loading maneuver. The plan of care included a request to authorize radiofrequency ablation under fluoroscopy to L4-L5 level bilaterally. The orthopedic PTP also documents long-term improvement in low back pain from prior rhizotomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4/L5 radiofrequency ablation under fluoroscopy and right L4/L5 radiofrequency ablation under fluoroscopy after two weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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/Facet Joint Radiofrequency Neurotomy.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and allow for repeat neurotomies if there is has been significant long lasting pain relief from a prior neurotomy. This individual meets the Guideline Criteria for the repeat neurotomy. The Guidelines recommend a necessary minimum length of time between repeating the procedure, but the Guidelines do not recommend a maximum length of time between procedures. The request for Left L4/L5 radiofrequency ablation under fluoroscopy and right L4/L5 radiofrequency ablation under fluoroscopy after two weeks is supported by Guidelines and is medically necessary.