

Case Number:	CM15-0160025		
Date Assigned:	08/26/2015	Date of Injury:	11/23/2007
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 68-year-old male who sustained an industrial-work injury on 11-23-07. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar radiculopathy and lumbar discogenic pain. Treatment to date includes medication and prior radiofrequency ablation. Currently, the injured worker complained of severe low back pain with difficulty with sleeping. Per the primary physician's report (PR-2) on 7-15-15, exam noted decreased range of motion in flexion and extension, spasms, and tenderness to palpation with the lower paraspinal muscles on the right being worse and more severe than the left, positive sciatic notch tenderness on the right, positive straight leg raise on the right, and decreased sensation in the right L5 dermatome. The requested treatments include Lumbar Radiofrequency Ablation at the bilateral L4 and L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation at the Bilateral L4 and L5 Levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2015, Low Back Chapter, 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 has a remote history of a work injury occurring in November 2007 and is being treated for chronic back pain. In January 2015, there is reference to radiofrequency ablation done on July 9, 2014 and on July 22, 2014 done bilaterally providing more than 50% pain relief. The duration of pain relief is not documented. When seen, he was having severe low back pain and had been recently seen in an Emergency Room. He was having difficulty sleeping. Physical examination findings included decreased lumbar spine range of motion with muscle spasms and paraspinal tenderness. There was right sciatic notch tenderness and a positive right straight leg raise. There was decreased right lower extremity sensation. Medications were refilled and authorization for a repeat radiofrequency ablation procedure was requested. 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 not met. The dates of the claimant's last treatment are unclear. A radiofrequency treatment would not be done bilaterally twice in the same month. The duration of pain relief following the last procedure is not clearly documented. The request cannot be considered as being medically necessary.