

Case Number:	CM15-0185374		
Date Assigned:	09/25/2015	Date of Injury:	01/11/1984
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 1-11-84. Diagnoses are noted as lumbar disc protrusion and extrusion at L3-L4, L4-L5 and L5-S1, lumbar facet hypertrophy with neuroforaminal stenosis at L3-L4, L4-L5 and L5-S1, lumbar facet syndrome, status post bilateral total knee replacement, large tear of rotator cuff with severe acromioclavicular joint arthrosis, and chronic myofascial pain syndrome. Previous treatment noted includes medication, home exercise, and radiofrequency lesioning with a reported 80% pain relief and improved functionality. In a comprehensive follow up visit note dated 8-4-15, the physician reports 70% pain relief after the right shoulder injection but he has a severe constant low back pain axially radiating in the mid back area. Right shoulder pain is rated at 3-4 out of 10 and low back pain is rated 7-8 out of 10. It is reported that he is currently having a severe flare up of low back pain. He used Duragesic patch, which made him dizzy and drowsy. The Duragesic patch was reduced to 12.5mg and he continues on Protonix. Objective findings are noted as paravertebral muscle spasm and localized tenderness in the lumbar spine area, increased lumbar lordosis, restricted range of motion, and a positive hyperextension maneuver of the lumbar spine is positive. Bilateral sitting straight leg raise is 50-60 degrees. There are no sensory disturbances to light touch in the legs. An MRI of the lumbar spine done 7-31-15 is reported to show lumbar disc extrusion and protrusion at L3-L4, L4-L5 and L5-S1 with mild to moderate facet joint hypertrophy at L3-L4, L4-L5 and L5-S1 level. The plan is for a bilateral L3, L4 and L5 medial branch radiofrequency lesioning and it is noted the injured worker does not want to

pursue lumbar spine or right shoulder surgeries. The requested treatment of bilateral medial branch radiofrequency lesioning for L3-L4 and L5 was denied on 8-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch radiofrequency lesioning for L3-L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Lumbar and Thoracic (Acute & Chronic) - Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: ACOEM concludes that invasive lumbar techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. This request is not medically necessary.