

Case Number:	CM15-0189835		
Date Assigned:	10/02/2015	Date of Injury:	07/08/2009
Decision Date:	11/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old male injured worker suffered an industrial injury on 7-8-2009. The diagnoses included multilevel lumbar degenerative disc disease, multilevel lumbar facet syndrome and right sacroiliac joint dysfunction. On 9-12-2013 the provider noted a prior radiofrequency ablation in 2010 afforded the injured worker with 18 months improvement along with 8-12-2013 radiofrequency ablation that afforded 60% reduction in pain. On 6-2-2015 the provider reported the right low back pain was getting worse rated 6 out of 10 with back stiffness and spasm. He reported the walking was worse. This problem responded extremely well for several months with radiofrequency lesioning in 2010. On 9-7-2015 the treating provider reported lower back pain at the level of the lumbosacral junction. The pain was unchanged since visit on 4-7-2015 rated 5 out of 10 that was constant. On exam the range of motion of the lumbar spine was restricted. He had positive findings of sacroiliac joint dysfunction including tenderness of the PSIS, lateral leg lift, FABER test and thigh thrust on the right. Diagnostics included lumbar magnetic resonance imaging 7-20-2015. Request for Authorization date was 9-15-2015. The Utilization Review on 9-22-2015 determined non-certification for Bilateral L3-4, L4-5 and L5-S1 radiofrequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5 and L5-S1 radiofrequency neurotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): 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 Chapter, page 39.

Decision rationale: According to the guidelines, neurotomies are indicated for those who do not have radicular signs and responded to prior MBB or facet blocks. In this case, the claimant had prior blocks which provided greater than 50% benefit for over 6 months to 1 year. The claimant only had 25% relief with numerous oral analgesics. However, the recent MRI from July 2015 indicated compression of the L3-L4 nerve roots which would contribute to a radicular pain. There was noted weakness in the right leg. Based on the findings, a neurotomy is not indicated in at least the L3-L5 level. The request above is not medically necessary.