

Case Number:	CM15-0197401		
Date Assigned:	10/12/2015	Date of Injury:	01/08/2014
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female who sustained an industrial injury on January 08, 2014. A recent orthopedic evaluation dated September 10, 2015 reported noted discussion regarding treatment for back pain with note of "results of facet blocks have worn out and she is back with significant pain." Of note, she did undergo a positive facet block ablation therapy in the form of rhizotomy in the past and further note that "she should have this done bilaterally at L5-S1. The following diagnosis was applied to this visit: backache unspecified. The plan of care is with requesting recommendation for ablation therapy treating bilateral shoulders. Orthopedic follow up dated June 11, 2015 reported the patient presenting for preoperative discussion and she is scheduled for a right L5-S1 facet block on June 18, 2015. Of note, there is still pending authorization: psychiatric evaluation, chiropractic treatment and pain management evaluation. On September 18, 2015 a request was made for ablation therapy treating bilateral L5-S1 that was noncertified by Utilization Review on September 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ablation therapy at bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from demonstrating this formal plan has been contemplated or initiated. Therefore the determination is not medically necessary.