

Case Number:	CM15-0201672		
Date Assigned:	10/16/2015	Date of Injury:	03/02/2001
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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 49 year old male with an industrial injury dated 03-02-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis without myelopathy, post laminectomy syndrome of lumbar region, lumbago, degenerative lumbar and lumbosacral intervertebral disc, thoracic and lumbosacral neuritis and radiculitis unspecified. According to the progress note dated (07-28-2015, 09-21-2015), the injured worker reported ongoing low back pain. The injured worker reported that the lower back pain radiates to bilateral thighs but does not go pass the knee. The injured worker's pain is worse with standing and prolonged positioning. Pain level decreases from 6 out of 10 to 4 out of 10 with medication. Objective findings (07-28-2015, 09-21-2015) revealed pain on the bilateral sides at L3-S1 region, and pain with right lateral and left lateral lumbar flexion. The treating physician reported that the Lumbar Computed tomography of 2011 revealed multilevel facet degenerative joint disease extending from L3 down to S1 bilaterally. Treatment has included L4-S1 lumbar fusion in 2002, prescribed medication, radiofrequency ablation, and physical therapy. Documentation (07-28-2015, 09-21-2015) noted that the bilateral L2-L5 radiofrequency ablation (right on 04-09-2015, left on 04-29-2015) significantly improved pain and function. The treating physician prescribed services for right then left L2-L4 radiofrequency ablation, 2 units. The utilization review dated 09-29-2015, non-certified the request for right then left L2-L4 radiofrequency ablation, 2 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right then left L2-L4 radiofrequency ablation, 2 units: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary - Criteria for use of 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 9/21/15 demonstrating this formal plan has been contemplated or initiated. Therefore the request is not medically necessary.