

Case Number:	CM15-0202202		
Date Assigned:	10/19/2015	Date of Injury:	12/26/2005
Decision Date:	11/25/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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 injured worker is a 42-year-old male who sustained an industrial injury on 12-26-2005 and has been treated for bilateral low back pain. Diagnoses include lumbar facet joint arthropathy; lumbar post-laminectomy syndrome; and, lumbar central disc protrusion, stenosis and degenerative disc disease. An MRI dated 4-12-2008 stated bilateral facet capsulitis L4-5. On 6-24-2015 the injured worker reported increased low back pain with 50 percent decreased range of motion rated as 8-9 out of 10 on the visual analog scale. He reported that lifting, twisting, driving, coughing, sneezing, and bearing weight made it worse. Objective examination noted lumbar paraspinal tenderness over L2-5 facet joints, and this was worse on the left. Range of motion was decreased and lumbar-sacroiliac provocative maneuvers were positive. On 8-18-2015 the injured worker continued exhibiting these symptoms and the physician noted in both documents that his condition had "changed" due to his decreased range of motion. Documented treatment includes an L5-S1 fusion in 2007, a "successful" bilateral sacroiliac joint radiofrequency nerve root ablation and rhizotomy 1-16-2014, "failed" physical therapy, NSAIDs, and medication. The treating physician's plan of care includes a request for authorization submitted 9-15-2015 for a repeat bilateral sacroiliac joint radiofrequency nerve root ablation which was denied on 10-8-2015. Current work status for the injured worker is full time with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Fluoroscopically guided facet joint lumbar radiofrequency ablation at bilateral L3/4 and L4/5 with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 and pg 40.

Decision rationale: According to the guidelines, radiofrequency ablation is recommended for those with response to MBB. The claimant did have response and ablation over 18 months ago. However, there was no note following that mentioned decreased use of pain medications or VAS score response. In addition, the ablations are considered to be under study. As a result, a repeat ablation is not justified and not medically necessary.