

Case Number:	CM15-0206144		
Date Assigned:	10/23/2015	Date of Injury:	08/01/2011
Decision Date:	12/07/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old female, who sustained an industrial injury on 8-1-11. The injured worker is diagnosed with thoracic spine spondylosis with potential degenerative disc disease, thoracic or lumbosacral neuritis or radiculitis (unspecified), ribs sprain, lumbosacral spondylosis, severe lumbar spine degenerative disc disease and chronic pain syndrome. Notes dated 8-12-15 and 9-30-15 reveals the injured worker presented with complaints of constant and severe left mid and lower back pain radiates to her ribs and left armpit. Physical examinations dated 8-12-15 and 9-30-15 revealed mild to moderate altered gait. There is severe tenderness in the left paraspinal muscles and the left side ribs from the thoraco-lumbar junction to the shoulder blades as far as the left chest wall nearly to the armpit. The lumbar spine range of motion is restricted. Treatment to date has included medications and left thoraco-lumbar radiofrequency provided her 50-85% pain relief per note dated 9-30-15. A request for authorization dated 10-5-15 for left radiofrequency procedure at the thoraco-lumbar junction at T10-T12 is denied, per Utilization Review letter dated 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left radiofrequency procedure at the thoraco-lumbar junction at T10-T12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Facet joint radiofrequency neurotomy.

Decision rationale: As the California MTUS does not specifically discuss the use of radiofrequency ablation/neurotomy as a modality, in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. The ODG lists this procedure as "under study", citing conflicting evidence available as to the efficacy of this procedure. Approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function, and in this case, there are very few records provided with which to assess the overall clinical picture that may warrant consideration of the procedure. Therefore, the provided documents do not provide sufficient evidence to support the request, and the request is not medically necessary at this time.