

Case Number:	CM15-0021290		
Date Assigned:	02/10/2015	Date of Injury:	01/12/2007
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York, New Hampshire, 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 50 year old male, who sustained an industrial injury on January 12, 2007. The diagnoses have included status post lumbar fusion with removal of hardware and revision decompression and fusion, thoracic sprain/strain with arthrosis and bilateral hip trochanteric bursitis. A progress note dated January 16, 2015 provided the injured worker complains of back and flank pain with radicular symptoms in legs. Physical exam reveals tenderness of thoracic and lumbar spine. On January 23, 2015 utilization review non-certified a request for radiofrequency rhizotomy medical branch nerves L5-S1 ([REDACTED]). The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency rhizotomy medical branch nerves L5-S1 ([REDACTED]):
 Upheld**

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

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 pain chapter and Other Medical Treatment Guidelines ODG Low Back Pain Chapter.

Decision rationale: ODG criteria for RFA are not met. The medical records indicate that the patient has radicular leg pain. This is a contraindication to RFA treatment. RFA is not medically needed.