

Case Number:	CM15-0029665		
Date Assigned:	02/23/2015	Date of Injury:	04/01/2011
Decision Date:	04/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a male patient, who sustained an industrial injury on 04/01/2011. A primary treating office visit dated 01/08/2015, reported current complaint of low back pain and an increasing exacerbation of pain to the right lumbar region. He is also noticing tingling to right leg/feet. He continues to work as a firefighter. He is noted having had good effect from past, left sided radiofrequency lesioning of the lumbar nerves. Objective findings showed tenderness to the right mid lower lumbar. Spasm noted to the L3-4 region and range of motion is slightly limited. The impression found lumbar spondylosis, lumbosacral spondylosis without myelopathy, radiculopathy, lumbar spine and lumbar pain. A request was made for radiofrequency lesioning L3-5, right sided with fluroscopy, under anesthesia. On 01/16/2015, Utilization Review, non-certified the request, noting the ODG, Low back, criteria for facet joint radiofrequency neurotomy was cited. On 02/18/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning L3-L5 on the right side with fluoroscopy and anesthesia: 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), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The 49 year old patient presents with low back pain and tingling in right leg and foot, as per progress report dated 01/08/15. The request is for RADIOFREQUENCY LESIONING L3-L5 ON THE RIGHT SIDE WITH FLUROSCOPY AND ANESTHESIA. There is no RFA for this case, and the patient's date of injury 04/01/11. The pain is rated at 10/10 at its worst, as per progress report dated 01/08/15. Diagnoses included lumbar spondylosis, lumbar radiculopathy, and lumbar spine pain. Medications included Zanaflex and Neurontin. The patient works full time, as per progress report dated 11/07/14. ODG guidelines, chapter 'Low Back, Lumbar & Thoracic (Acute & Chronic)' and topic 'Facet joint radiofrequency neurotomy', states that "Treatment requires a diagnosis of facet joint pain using a medial branch block as described above." The guidelines also state that "There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case, the patient has undergone radiofrequency lesioning in the past on the left side which led to "good relief," as per progress report dated 01/08/15. The patient is now suffering from pain in the right side. Hence, the treater is requesting radiofrequency lesioning L3-L5 on the right side. However, the progress reports do not document a diagnosis of facet joint pain on the right using a medial branch block. There is no discussion regarding conservative care as well. The reports lack the documentation required to make a determination based on ODG. The request IS NOT medically necessary.