

Case Number:	CM15-0214536		
Date Assigned:	11/04/2015	Date of Injury:	12/08/2000
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/30/2015

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: Pennsylvania, Ohio, 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:

This 54 year old male sustained an industrial injury on 12-8-00. Documentation indicated that the injured worker was receiving treatment for chronic low back and neck pain. Previous treatment included lumbar radiofrequency ablation, medial branch blocks and medications. Electromyography and nerve conduction velocity test bilateral lower extremities (10-1-15) showed bilateral S1 and L5 radiculopathy. Magnetic resonance imaging lumbar spine (9-24-15) showed multilevel degenerative disc disease with disc desiccation, disc space narrowing and disc bulges. In a PR-2 dated 10-1-15, the injured worker complained of back pain with intermittent leg pain and neck pain with radiation to bilateral upper extremities. Physical exam was remarkable for lumbar spine with tenderness to palpation, range of motion 50% of normal, 4 out of 5 strength in bilateral ankle plantar flexion. The physician noted that the injured worker had had medial branch blocks in the past with over 50% reduction in back pain. The injured worker had also received radiofrequency ablation over two years ago with "excellent" response but the symptoms had now returned. The treatment plan included bilateral radiofrequency ablation at L4-5 and L5-S1. On 10-23-15 Utilization Review noncertified a request for bilateral lumbar radiofrequency ablation at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar radiofrequency ablation at the levels of L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: ACOEM concludes that invasive lumbar techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment; the records document improvement from prior RFA treatment but not in verifiable or objective terms such as specific functional improvement or specific medication reduction. This request is not medically necessary.