

Case Number:	CM15-0036711		
Date Assigned:	03/05/2015	Date of Injury:	08/20/2014
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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 is a 56-year-old male, who sustained an industrial injury on 08/20/2014. He has reported that while falling out of a truck cab he caught himself causing injury. Diagnoses include back pain and lumbosacral spondylosis without arthropathy. Treatment to date has included lumbar facet injections and medication regimen. In a progress note dated 02/04/2015 the treating provider reports low back pain with limited range of motion to the lumbar spine with extension. The treating physician requested radiofrequency denervation of the lumbar facet joints bilaterally noting that previous lumbar facet injections caused a significant pain reduction immediately following the injection, but that the pain is now back to baseline. On 02/11/2015, Utilization Review non-certified the requested treatment of radiofrequency denervation of the lumbar facet joints bilaterally at L4, L5, S1 under intravenous sedation between the dates of 02/04/2015 and 04/11/2015, noting the American College of Occupational and Environmental Medicine Guidelines, Chapter 12 Low Back Complaints (2004), page 300 to 301 and Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency denervation of the lumbar facet joints bilaterally at L4-L5 and L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12 Low Back, Radiofrequency Ablation, pages 300-301.

Decision rationale: Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial failure nor is there any new injury, acute flare-up, or progressive of clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings are without severe significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function from previous RFA to repeat procedures for this chronic injury. The Radiofrequency denervation of the lumbar facet joints bilaterally at L4-L5 and L5-S1 is not medically necessary and appropriate.