

Case Number:	CM15-0038230		
Date Assigned:	03/06/2015	Date of Injury:	11/13/2012
Decision Date:	04/21/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 (IW) is a 54-year-old male who sustained an industrial injury on 11/13/2012. He reported pain in the thoracic back, low back and legs. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included Percocet, medical THC, fluoroscopically-guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, and fluoroscopically-guided diagnostic bilateral L4-L5 and bilateral L5-S1 facet joint medial branch block. Currently, the injured worker complains of bilateral low back pain, right knee pain and thoracic back pain. The treatment plan includes a repeat of the radiofrequency nerve ablation and a Request for Authorization is made for a fluoroscopically guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation (Neurotomy/Rhizotomy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation (Neurotomy/Rhizotomy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Facet joint radiofrequency neurotomy.

Decision rationale: The request is considered not medically necessary. The use of facet joint radiofrequency neurotomy is largely under study according to ODG guidelines. MTUS does give specific guidelines regarding radiofrequency ablation. The use of radiofrequency ablation shows conflicting evidence regarding the efficacy and while there have been demonstrations of decreased pain temporarily, there have been no demonstrations of increased function. The patient had previous neurotomy with improvement in pain but no specific objective documentation of decrease in pain was included in the chart. There was also no documentation of objective improvement in function. Because of the lack of definitive evidence and documentation, this request is considered not medically necessary.