

Case Number:	CM15-0049046		
Date Assigned:	03/20/2015	Date of Injury:	03/09/2012
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 66 year old male, who sustained an industrial injury on March 9, 2012. The injured worker was diagnosed as having lumbago. Treatment and diagnostic studies to date have included x-ray, magnetic resonance imaging (MRI), injection and oral medication. A progress note dated January 28, 2015 provides the injured worker complains of back pain. Physical exam notes lumbar tenderness on palpation and positive facet loading. Magnetic resonance imaging (MRI) and lab work was reviewed. The plan includes lumbar radio frequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medical Branch Nerve radio frequency Ablation L3-L4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Low Back, Facet Joint Radiofrequency neurotomy.

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 demonstrated here in terms of therapy or pharmacological treatment trial failure. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms with MRI assessment for multilevel disc protrusions. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. 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 per guidelines criteria of 70% relief for the duration of at least 12 weeks from any recent medial branch blocks. The Bilateral Medial Branch Nerve radio frequency Ablation L3-L4, L5-S1 are not medically necessary and appropriate.