

Case Number:	CM15-0053042		
Date Assigned:	03/26/2015	Date of Injury:	01/27/2014
Decision Date:	05/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/20/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old male, who sustained an industrial injury, May 23 2008. The injured worker previously received the following treatments surgery of the right wrist, Norco. Prilosec and bilateral carpal tunnel release. The injured worker was diagnosed with right shoulder impingement syndrome, bursitis, rule out tear, left shoulder impingement syndrome rule out tear, osteoarthritis of the left acromioclavicular joint and right wrist instability status post right wrist fusion using the dorsal plate in 2009. According to progress note of March 19, 2015, the injured workers chief complaint was lower back pain, right knee pain and bilateral shoulder pain. The injured worker was having trouble with prolonged standing, sitting, repetitive bending, stooping, or heavy lifting. The injured worker reports difficulty with pushing, pulling, lifting, or over the head reaching or sleeping on the sides at night. The physical exam of the shoulders noted tenderness to palpation over the anterolateral aspect with decreased range of motion Neer's test was positive. The thumbs test was positive. Possible tear of the supraspinatus tendon or the labrum. The treatment plan included a left shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral lumbar radiofrequency ablation L3-4 and L5-S1: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." There is no documentation of significant pain and functional improvement with previous medial branch blocks at L3-4 and L5-S1. Therefore, the request for bilateral lumbar radiofrequency ablation L3-4 and L5-S1 is not medically necessary.