

Case Number:	CM15-0054900		
Date Assigned:	03/30/2015	Date of Injury:	11/13/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 55 year old male, who sustained an industrial injury on 11/13/2012. Diagnoses have included lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis and lumbar sprain/strain. Treatment to date has included medication, previous Bilateral L4-L5 and Bilateral L5-S1 Facet Joint Radiofrequency Nerve Ablation (neurotomy/rhizotomy). According to the progress report dated 2/16/2015, the injured worker complained of bilateral low back pain, right knee pain and thoracic back pain. Physical exam revealed tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Bilateral lower extremity range of motion was restricted by pain. Lumbar range of motion was restricted by pain. It was noted that the previous bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) provided improvement for nine months. Authorization was requested for repeat fluoroscopically guided bilateral L4-5 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:

Repeat Fluoroscopically-Guided Bilateral L4-L5 and Bilateral L5-S1 Facet Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy): 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).

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

Decision rationale: The injured worker sustained a work related injury on 11/13/2012. The medical records provided indicate the diagnosis of lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis and lumbar sprain/strain. Treatment to date has included medication, previous Bilateral L4-L5 and Bilateral L5-S1 Facet Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy). The medical records provided for review do not indicate a medical necessity for Repeat Fluoroscopically-Guided Bilateral L4-L5 and Bilateral L5-S1 Facet Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy). Although the record indicate the injured worker benefited from a previous injection for 9 months, the records do not indicate the percentage of pain improvement; the Official Disability Guidelines recommends neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief, and that the pain relief should be sustained for at least 6 months, no more than 3 procedures should be performed in a year's period. Therefore, this request is not medically necessary.