

Case Number:	CM15-0055384		
Date Assigned:	04/09/2015	Date of Injury:	08/05/2013
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
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: 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 34 year old female who sustained an industrial injury on August 5, 2013. He has reported low back pain and has been diagnosed with lumbosacral spondylosis without myelopathy, pain in joint other specific sites, lumbago, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment has included modified work duty, medication, injection, and physical therapy. Currently the injured worker continued with persistent intermittent nonradiating low back pain. The treatment request included bilateral L4-L5 and L5-S1 lumbar radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 Lumbar radiofrequency, Lumbar spine: 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): 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 correlating 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 L4-L5 and L5-S1 Lumbar radiofrequency, Lumbar spine are not medically necessary and appropriate.