

Case Number:	CM15-0060922		
Date Assigned:	04/07/2015	Date of Injury:	07/28/2013
Decision Date:	05/06/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/31/2015

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: North Carolina

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 is a 64 year old male, who sustained an industrial injury on 07/28/2013. On provider visit dated 01/12/2015 the injured worker has reported back pain. On examination of the range of motion is normal in all planes, lumbar facet load is not without pain, lumbar straight leg raise testing was negative, no palpable masses or there is muscle tenderness or pint of tenderness at sacroiliac joint. The diagnoses have included lumbar degenerative disk disease pathology at L4-L5 and L5-S1, right lumbar facet arthropathy, right sacroiliac joint injection and myofascial pain. Treatment to date has included medial branch blocks, physical therapy, and medication. The provider requested right lumbar 3, 4, 5 radiofrequency ablation body part lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar 3,4,5 radiofrequency ablation body part lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: 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. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. The requested procedure is not recommended per the ACOEM in the lumbar spine due to mixed results and therefore is not approved.