

Case Number:	CM15-0081267		
Date Assigned:	05/04/2015	Date of Injury:	06/08/2012
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
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 50 year old male, who sustained an industrial injury on 06/08/2012. He has reported subsequent low back, lower extremity and right shoulder pain and was diagnosed with lumbar sprain, bilateral foraminal stenosis, lumbar facet arthropathy, sacroiliac joint arthropathy and right shoulder tendonitis/bursitis. Treatment to date has included oral pain medication, chiropractic therapy, myofascial release therapy, physical therapy and a home exercise program. In a progress note dated 03/16/2015, the injured worker complained of severe low back and right shoulder pain. Objective findings were notable for decreased range of motion of the lumbar spine and right shoulder, pain of the spinous processes and muscle spasms. A request for authorization of lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy at L4-L5 and L5-S1 medial branches on the right was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar percutaneous stereotactic, radiofrequency rhizotomy under C-arm fluoroscopy at level of L4-5, L5-S1 medial branches on the right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: According to the ACOEM guidelines, invasive techniques such as radiofrequency ablation is not recommended due to short term benefits. In this case, the claimant had at least 3 ablations in the past year, confirming the short term benefit. Additional ablation does not assure long-term benefit and is not medically necessary.