

Case Number:	CM14-0101048		
Date Assigned:	07/30/2014	Date of Injury:	12/27/1995
Decision Date:	10/02/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 57-year-old female was reportedly injured on December 27, 1995. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 6, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles and facet joints bilaterally. There was also tenderness at the sacroiliac joints. Increased pain was noted with lumbar spine range of motion and there was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes trigger point injections, hip trochanteric bursa injections, acupuncture, facet joint injections, epidural steroid injections, and a radiofrequency neurotomy. A request had been made for a repeat radiofrequency lesioning on the right at L3 - L4 and L5 - S1 and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat radiofrequency lesioning at the right 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 ODG: Low Back chapter, Facet Joint Radiofrequency Neurotomy, Criteria for use of facet joint radiofrequency neurotomy; ODG Low Back chapter, Facet Joint Diagnostic Blocks (Injection)

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 and Thoracic, Facet Joint Radiofrequency Neurotomy,

Decision rationale: According to the Official Disability Guidelines the criteria for a repeat neurotomy includes that the prior procedure have at least 12 weeks of pain relief at greater than 50%. The attach medical record indicates that the injured employee only had two month's worth of reduced pain which was not objectified. As such, this request for repeat radiofrequency lesioning at the right L3 - L4 and L5 - S1 is not medically necessary.