

Case Number:	CM15-0003078		
Date Assigned:	01/14/2015	Date of Injury:	10/25/2005
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who reported an injury on 10/25/2005. The mechanism of injury was not stated. The current diagnoses include lumbar spondylosis, lumbar radiculopathy, sacroiliac pain, myofascial pain syndrome, trochanteric bursitis, and lumbar degenerative disc disease. The latest physician progress report submitted for this review is documented on 09/17/2014. The injured worker reported 7/10 severe pain. It was noted that the injured worker was status post right shoulder corticosteroid injection. The current medication regimen includes gabapentin 400 mg, Nexium 20 mg, and Norco 7.5/325 mg. Upon examination, there was tenderness to palpation along the lateral aspect of the right shoulder, forward flexion of 80 degrees, abduction of 70 degrees, positive Neer and Hawkins sign on the right side, and positive empty can test on the right. Recommendations included an MRI of the right shoulder. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat L4-5 and L5-S1 Radiofrequency Ablation under IV sedation, per 12/18/14 form qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Faacet joint radiofrequency neurotomy, www.ncbi.nlm.nih.gov/pmc/articles/PMC2386767

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of the 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. According to the documentation provided, there was no recent physical examination of the lumbar spine. There was no documentation of successful lumbar medial branch blocks prior to the request for a radiofrequency ablation. There was no mention of extreme anxiety or a fear of needles to support the necessity for IV sedation. Additionally, the request form dated 12/18/2014 was not provided. Given the above, the request is not medically appropriate.