

Case Number:	CM15-0012493		
Date Assigned:	01/23/2015	Date of Injury:	08/19/1999
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained an industrial injury on 8/19/99, with subsequent ongoing pain to the cervical spine and lumbar spine. No recent magnetic resonance imaging was submitted for review. Current diagnoses included cervical disc degeneration, lumbosacral disc degeneration, sacroiliac joint disorder and spasm scapula. In a chiropractic therapy progress note dated 10/15/14, the injured worker complained of constant moderate pain between the scapula radiating up the spine to the neck. Physical exam was remarkable for Positive Kemp's test, tenderness to palpation to the lumbar spine with spasms, to the bilateral scapula, to the cervical spine and bilateral sacroiliac joints with decreased range of motion. The treatment plan included consisted of ongoing chiropractic therapy. On 12/19/14, Utilization Review non - certified a request for Lumbar Radiofrequency Ablation with sedation noting lack of relief from previous lumbar radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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

Decision rationale: According to MTUS guidelines, "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". There is no documentation of significant pain improvement with previous diagnosis medial branch block. There is no documentation of lumbar facets are the main pain generator. Therefore, the request for Lumbar Radiofrequency Ablation with sedation is not medically necessary.