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| Case Number: | CM15-0014388 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 02/07/2001 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 02/07/2001. The mechanism of injury was not specifically stated. The current diagnoses include lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, low back pain and sciatica. The injured worker presented on 10/24/2014 for a followup evaluation with complaints of 5/10 low back pain. The injured worker also reported activity limitation. It was noted that the injured worker had been previously treated with a radiofrequency ablation, which provided 100% relief of symptoms for several months. The physical examination revealed moderate tenderness at the lower lumbar spine at L3-5, moderately decreased lumbar range of motion, positive facet loading maneuver bilaterally, 5/5 motor strength and intact sensation. Recommendations at that time included a lumbar radiofrequency ablation at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency Ablation at Bilateral L3-4, Bilateral L4-5 and Bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1,309. Decision based on Non-MTUS Citation Official Disability Guidelines

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 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. In this case, it is noted that the injured worker has been previously treated with a radiofrequency ablation. However, there was no documentation of objective functional improvement following the initial procedure. There is also no mention of a recent attempt at any conservative treatment prior to the request for an additional procedure. Given the above, the request is not medically appropriate at this time.

Outpatient Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.