

Case Number:	CM15-0110980		
Date Assigned:	06/17/2015	Date of Injury:	07/26/2013
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina
 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 55-year-old male, who sustained an industrial injury on 7/26/2013, after being pinned between a van and limousine. The injured worker was diagnosed as having cervicgia, lumbago, chronic pain syndrome, and other pain disorder related to psychological factors. Treatment to date has included bilateral L2-L3 medial branch blocks with 80% relief, physical therapy, acupuncture, and medications. Currently, the injured worker complains of diffuse pain in his neck, low back, and bilateral hips. He reported some gastrointestinal issues with non-steroidal anti-inflammatory drug use. His medications included Tramadol/Acetaminophen, Omeprazole, Naproxen, Orphenadrine, and Zofran. He was currently not working and on total temporary disability. Physical exam noted positive lumbar facet loading bilaterally. The treatment plan included a right then left L2 and L3 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right then left L2 and L3 radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: ACOEM guidelines state that facet neurotomies should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Good quality evidence exists that RFA provides good relief of pain in the cervical region. Similar quality evidence does not exist for RFA in the lumbar spine. In this case, the patient has ongoing low back pain and the request is for bilateral L2-L3 RFA. The patient has L2-L3 medial branch block on 2/10/15 with 80% pain relief. However, there is no documentation of additional evidence-based conservative therapy in addition to the facet joint therapy. The exam of 5/20/2015 does not provide objective findings to support the request. Therefore, the request is not medically necessary.