

Case Number:	CM15-0111104		
Date Assigned:	06/17/2015	Date of Injury:	09/20/2014
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 9/20/2014. He reported falling backward and injuring his low back. Diagnoses have included lumbosacral strain, L4-5 facet arthropathy and low-grade degenerative anterolisthesis at L4-5 with stenosis. Treatment to date has included physical therapy and medication. According to the progress report dated 5/6/2015, the injured worker complained of low back pain, which was worst at the end of the day. On 3/9/2015, the injured worker underwent bilateral intra-articular facet injections with 50% improvement. Physical exam revealed that straight leg raise was positive for low back pain. It was noted that lumbar magnetic resonance imaging (MRI) from 11/24/2014 showed mild facet arthropathy at L3-4. At L4-5, there was mild loss of disc signal. The injured worker was to continue full duty. Authorization was requested for bilateral L4-5 facet radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 facet RFA: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back-Lumbar and Thoracic", "Facet joint radio frequency neurotomy".

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that properly relate to this topic. ACOEM only has general recommendation. Official Disability Guidelines were used for detailed criteria. As per Official Disability Guidelines basic criteria for recommendation of radio frequency, ablation is a successful diagnostic facet block. A "successful" block requires objective documentation of improvement of at least 70% in pain lasting at least 2 hours. Requesting provider documents a "50%" improvement, which is a failed diagnostic block. Since patient failed diagnostic block, Radiofrequency Ablation of bilateral L4 5 is not medically necessary.