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| Case Number: | CM15-0112511 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 06/18/1999 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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: 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:

This 71 year old male sustained an industrial injury to the low back on 6/18/99. Magnetic resonance imaging lumbar spine (10/2/13) showed L4-5 degenerative disc disease with annular bulge. Previous treatment included magnetic resonance imaging, physical therapy, radiofrequency ablation (6/25/14), sacroiliac joint injections, home exercise and medications. Documentation did not disclose response to previous radiofrequency ablation. In a pain management reevaluation dated 6/20/15, the injured worker complained of low back pain rated 6-7/10 on the visual analog scale. The injured worker reported that medications kept his pain at a tolerable level. Physical exam was remarkable for tenderness to palpation to the left lumbar spine and facet joint with positive Gaenslen's and compression test on the left and pain upon extension. Current diagnoses included lumbar spine degenerative disc disease, lumbar muscle spasm, lumbar spine spondylosis without myelopathy, lumbago, lumbar radiculopathy and sacroiliitis. The treatment plan included continuing home exercise, continuing medications (Celebrex, Norco, Baclofen and Ultram) and requesting authorization for repeat left L3-5 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left RFA at L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint radiofrequency ablation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block 2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks. 3. No more than two joint levels are to be performed at one time. 4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The criteria as listed above have not been met in the provided clinical documentation for review and therefore the request is not medically necessary.