

Case Number:	CM15-0114292		
Date Assigned:	06/22/2015	Date of Injury:	09/28/2001
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male who sustained an industrial injury on 09/28/2001. Diagnoses include lumbar discopathy and facet syndrome. Treatment to date has included diagnostic studies, medications, and prior radiofrequency neurolysis in 2013. His medications include Norco and Prilosec. The injured worker has returned to work full time without restrictions. A physician progress note dated 05/27/2015 documents the injured worker has low back stiffness and pain. Back flexion, stretching and standing worsens condition. His pain is described as aching, constant, dull and mild. He rates his pain as a 3-4 on a scale of 1 to 10, with 10 being the worst. He has been continuing to note substantial benefit from his medications. He also has nociceptive, neuropathic and inflammatory pain. There is tenderness in the center of the lower lumbar spine. There is a slightly positive straight leg raise. Pain increases with flexion and extension. There is a positive Faber maneuver bilaterally, and positive Patrick's maneuver on the right. He has pain to palpation over the L3 to L4, L4 to L5, and L5 to S1 facet capsules left, pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding bilateral. An unofficial report of a UDS done on 03/31/2015 was consistent. The diagnosis of facet capsule was made following a series of dorsal rami blocks. Treatment requested is for repeat radiofrequency neurolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat radiofrequency neurolysis: Upheld

Claims Administrator 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 & Thoracic Chapter, 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) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in September 2001 and underwent radiofrequency ablation treatment in 2013. When seen, when seen, he was having lower back pain and stiffness. Pain was rated at 2/10. There was lumbar spine tenderness and increased pain with flexion and extension. There was pain over the lumbar facet joints and positive facet testing. Trigger points were present. There was a normal neurological examination. The radiofrequency treatment in 2013 is referenced as providing benefits. The degree of pain relief if any and duration of benefit is not documented. If a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. In this case, the criteria are not met as the claimant's response to the previous treatment is not adequately documented. The request cannot be considered as being medically necessary.