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| Case Number: | CM15-0117222 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 01/07/2009 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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: Orthopedic Surgery

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 63 year old male who reported an industrial injury on 1/7/2009. His diagnoses, and/or impressions, are noted to include: lumbago. Electrodiagnostic studies were said to have been done on 11/3/2014; no recent imaging studies are noted. His treatments are noted to include a median branch block on 1/14/2015 - with 70% temporary relief; ice therapy; home exercises; medication management; and a return to unrestricted, part-time work. The progress notes of 5/21/2015 reported a follow-up visit for decreased, moderate lower back pain that radiated to the right leg, relieved by cold therapy and medication management; he also complained of continued poor quality of sleep. Objective findings were noted to include no acute distress; tenderness to the bilateral lumbar para-spinal muscles, with positive bilateral lumbar facet loading and limited and painful range of motion; tenderness over the right greater trochanter of the hip; and decreased sensation about the left thigh. Also noted was that the electrodiagnostic report was reviewed. The physician's requests for treatments were noted to include a right-sided lumbosacral radio-frequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar radiofrequency ablation at the right L3-S1 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back updated 5/15/2015 Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 5/21/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for not medically necessary.