

Case Number:	CM15-0117588		
Date Assigned:	06/25/2015	Date of Injury:	04/12/1995
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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:

The injured worker is a -year-old male who sustained an industrial injury on 4/12/1995 resulting in lower back pain. The injured worker was diagnosed with L-5 radiculopathy, spinal stenosis with facet changes L3-4, L4-5, and L5-S1. Treatment has included medication, three laminectomies, discogram, facet blocks, medial branch blocks, two radio frequency thermocoagulation procedures, physical therapy, TENS unit, massage and chiropractic therapy. Medications are reported to improve his activities of daily living, and he reported improvement in pain intensity after medial branch blocks. The effectiveness of other treatments is not addressed in the records provided. The injured worker continues to report lower back pain radiating down the left leg. The treating physician's plan of care includes bilateral radio frequency thermal coagulation. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 radio frequency thermal coagulation: 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, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, radiofrequency ablation.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency ablation of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet radiofrequency ablations reportedly produce mixed results. Radiofrequency ablations should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency ablation has mixed support for use of low back pain per the ACOEM. The provided clinical documentation for review however does not show that previous ablation produced significant results or objective functional improvement. Therefore, the request is not medically necessary.