

Case Number:	CM15-0118948		
Date Assigned:	06/29/2015	Date of Injury:	01/11/2007
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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 54 year old male who sustained an industrial injury on 01/11/2007. Mechanism of injury was a fall on his back. Diagnoses include thoracic back pain, myofascial versus neuraxial, lumbar radiculitis, and lumbar facet arthritis. Treatment to date has included diagnostic studies, medications, previous radiofrequency ablation with great relief of pain, bilateral transforaminal epidural steroid injection. A physician progress note dated 05/20/2015 documents the injured worker complains of low back pain, bilateral posterior leg radiating as well as radiation of pain into the thoracic region. His pain at baseline is mild, but with activity and lumbar flexion his pain worsens. The upper back pain is a burning pain and the lumbar back pain is a dull ache. He has dyesthesias in his legs but denies weakness. He is working 7 days a week and is having a flare of his low back pain at the L4-5 and L5-S1 levels. His pain is reproducible with extension and rotation of the lumbar spine. Treatment requested is for bilateral L4-S1 Facet Rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateal L4-S1 Facet Rhizotomy: Overturned

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

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 January 2007 and continues to be treated for low back pain. When seen, he was having a flare of symptoms. There was lumbar tenderness and increased pain with extension and rotation. Straight leg raising was negative. There was a normal neurological examination. Prior treatments had included lumbar radiofrequency ablation in November 2014 with reported greater than 70% pain relief lasting for more than six months. Authorization for repeat lumbar radiofrequency ablation treatment was requested. Current care was continued. 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. No more than 3 procedures should be performed in a year's period. In this case, the criteria are met and the repeat medial branch radiofrequency was medically necessary.