

Case Number:	CM15-0028730		
Date Assigned:	02/20/2015	Date of Injury:	10/27/2010
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, New York
 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 42 year old male, who sustained an industrial injury on October 27, 2010. The diagnoses have included lumbar/lumbosacral disc degeneration, lumbar disc displacement, lumbar stenosis, lumbago, unspecified fasciitis and long term use of medication. A progress note dated January 14, 2015 provided the injured worker complains of low back pain radiating to the groin. On January 29, 2015 utilization review non-certified a request for bilateral l4-5 radiofrequency ablation. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Radiofrequency ablation: 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.

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

Decision rationale: The request is considered not medically necessary. The use of facet joint radiofrequency neurotomy is largely under study according to ODG guidelines. MTUS does give specific guidelines regarding radiofrequency ablation. The patient had improved pain after the initial RFA, but there was no clear documentation of increased function. The use of radiofrequency ablation shows conflicting evidence regarding the efficacy and while there have been demonstrations of decreased pain temporarily; there have been no demonstrations of increased function. The patient also has to wait at least 6 months between repeat procedures. Because of the lack of definitive evidence and specific documentation, this request is considered not medically necessary.