

Case Number:	CM15-0037189		
Date Assigned:	03/05/2015	Date of Injury:	10/21/2009
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 was a 54 year old male, who sustained an industrial injury, October 21, 2009. The injury was sustained by usual and customary duties the injured worker developed lower back pain. According to progress note of February 3, 2015, the injured workers chief complaint was lower back pain and right hip pain. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The pain was aggravated by lying flat and standing for any length of time. The injured workers functional level was 8 out of 10; 0 being no function and 10 being the best functional level. The injured worker reports poor quality of sleep. The physical exam noted low back pain right greater than the left with radiation of pain down the right leg 1w changes with spondylosis and facet regeneration. There were axial low back pain changes with facet regeneration with referred pain. The MRI showed changes with disc lesion. The injured worker and an ataxic gait and ambulated without a device. The injured worker was diagnosed with chronic low back pain right greater than the left, lumbar spondylosis, right sided L4-L5 disc lesion and lumbago, displacement lumbar disc without myelopathy, degeneration lumbar and lumbosacral intervertebral disc, spasms of the muscles and thoracic lumbosacral neuritis radiculopathy. The injured worker previously received the following treatments right hip replacement, MRI of the lumbar spine on March 7, 2013, pain management, home exercise program, pain medication, anti-inflammatory medications, sleep aides and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, 4, 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 - TWC, Low Back Procedure Summary, Criteria for use of 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- low back, RFA.

Decision rationale: ODG guidelines support (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they 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 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The medical records provided for review do not indicate physical examination findings consistent with facet mediated pain. There is no documentation of quantitative degree of pain improvement or duration in support of congruence with ODG guidelines for RFA based on demonstrated positive diagnostic MBB of the facets. As such RFA is not supported as medically necessary.