

Case Number:	CM15-0071088		
Date Assigned:	04/21/2015	Date of Injury:	08/10/2013
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 46 year old female who sustained an industrial injury on 08/10/2013. Current diagnosis includes axial low back pain. Previous treatments included medication management, medial branch blocks, injections, and physical therapy. Previous diagnostic studies included an MRI and x-rays. Report dated 12/15/2015 noted that the injured worker presented with complaints that included ongoing left sided low back pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included following up after the facet injections. Disputed treatments include facet joint radio frequency neurotomy targeting the left L4-5 and L5-S1 (two levels).

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Radiofrequency Neurotomy Targeting the left L4-5 and L5-S1 (two levels):

Overtuned

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, Facet joint radiofrequency neurotomy; Facet joint diagnostic blocks.

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 is nearly 2 years status post work-related injury and continues to be treated for chronic left low back pain. She underwent facet injections in December 2014 with reported complete, but temporary, pain relief. Imaging findings include facet arthropathy consistent with active arthritis. Prior treatments have been extensive and include chiropractic care, physical therapy, and medications. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain through facet blocks, that no more than two joint levels are performed at one time, and that there is evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the claimant has failed to benefit from prior conservative treatments. A diagnosis of facet joint pain is supported by her response to the facet injections done in December. A continued home exercise program and medication management would be expected after the procedure. The requested medial branch radiofrequency nerve ablation meets the applicable criteria and is therefore medically necessary.