

Case Number:	CM15-0071281		
Date Assigned:	04/21/2015	Date of Injury:	11/13/2012
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
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: California
 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 54 year old male, who sustained an industrial injury on 11/13/12. Initial complaints are not noted. The injured worker was diagnosed as having bilateral facet joint pain L4-L5 L5-S1; lumbar facet arthropathy; lumbar disc protrusion; lumbar stenosis; lumbar facet joint pain; right knee internal derangement. Treatment to date has included physical therapy; status post right knee arthroscopy (12/12); status post bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) (6/2014); medications. Currently, the PR-2 notes dated 2/16/15 indicate the injured worker complains of bilateral low back pain; right knee and thoracic back pain. Exacerbating factors are prolonged sitting and standing, lifting and twisting, driving and any activities and lying down. He has been taking Percocet 10/325mg four times a day. He is a status post bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) (6/2014). The provider notes the pain has returned and is requesting fluoroscopically-guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation (Neurotomy/Rhizotomy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation (Neurotomy/Rhizotomy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to medical records lower back invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Therefore is not medically necessary.