

Case Number:	CM15-0073278		
Date Assigned:	04/23/2015	Date of Injury:	02/23/2007
Decision Date:	06/10/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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 York

Certification(s)/Specialty: Neurological Surgery

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 2/23/2007. He reported bilateral knees and low back pain. The injured worker was diagnosed as having lumbar spine disc bulge with bilateral L5 and S1 radiculopathy, and osteoarthritis of bilateral knees. Treatment to date has included medications, orthovisc, and home physical therapy program. The request is for radiofrequency ablation to the lumbar spine. On 1/22/2015, he complained of low back and bilateral knee pain. He reports his pain to be worsened with cold weather. The treatment plan included: home physical therapy, Oxycodone, Soma, and pain management for radiofrequency ablation of the lumbar spine. The records indicate orthovisc injections to be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio Frequency Ablation to Lumbar Spine: Upheld

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 chapter - 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 (ODG) Low Back Chapter-Facet joint radiofrequency neurotomy.

Decision rationale: The ODG guidelines note that the facet joint radiofrequency neurotomy (FJRN) are under study. The ODG offers criteria for the use of facet joint radiofrequency neurotomy. The requested treatment: Radio Frequency Ablation to Lumbar Spine does not meet these criteria. The requested treatment: Radio Frequency Ablation to Lumbar Spine is not medically necessary and appropriate.