

Case Number:	CM15-0073776		
Date Assigned:	04/23/2015	Date of Injury:	07/04/2012
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
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: North Carolina
 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 47 year old male, who sustained an industrial injury on 7/4/12. He reported pain in the neck, lower back and hips. The injured worker was diagnosed as having lumbar facet syndrome, lumbar radiculopathy and low back pain. Treatment to date has included a lumbar MRI, an EMG study, physical therapy, lumbar epidural injections and pain medications. As of the PR2 dated 3/11/15, the injured worker reported pain in his neck, lower back and hips. He rates his pain a 2.5/10. The treating physician noted restricted range of motion in the lumbar spine and tenderness over the trochanter. The treating physician requested a lumbar radiofrequency ablation and a bilateral trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation (site: L3, L4, L5 and Sacral Alae), left side: 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 (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, radiofrequency ablation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block. 2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks. 3. No more than two joint levels are to be performed at one time. 4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The request is for more than 2 joint levels and therefore does not meet criteria as outlined above and therefore is not medically necessary.

B/L trochanteric bursa injection: 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 (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, greater trochanter bursa injections.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG recommends greater trochanter bursa injections as a safe and effective treatment for hip bursitis. However the patient had received previous bilateral greater trochanter bursa injection in 02/2015 with no documentation of sustained or significant improvement. Without such objective improvement in pain, repeat injections are not medically necessary.