

Case Number:	CM15-0073807		
Date Assigned:	04/23/2015	Date of Injury:	02/01/2008
Decision Date:	07/08/2015	UR Denial Date:	04/02/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 02/01/2008. She has reported injury to the left eye, left shoulder, and low back. The diagnoses have included lumbar disc disorder; sacroiliac instability; sprain and strain of sacroiliac; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, radiofrequency lesioning, physical therapy, and home exercises. Medications have included Norco, Meloxicam, Lyrica, and Suboxone. A progress note from the treating physician, dated 03/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with radiation into her sacroiliac joints; pain is rated at 8/10 on the visual analog scale at its worst, and rated 7/10 on average; and pain gets better by taking medications and resting. Objective findings have included tenderness noted in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels; lumbar spine range of motion is restricted and positive for back pain; and prior radiofrequency lesioning resulted in at least 50% improvement of pain. The treatment plan has included the request for radiofrequency lesioning right L4-L5; radiofrequency lesioning right L5-S1; radiofrequency lesioning left L4-L5; and radiofrequency lesioning left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning Right L4-L5 Qty: 1.00: 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)- TWC, ODG Treatment, Integrated Treatment / Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) updated 03/24/2015.

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

Decision rationale: ACOEM concludes that invasive techniques to the lumbar spine, including invasive pain management for facet-mediated pain, are of questionable merit. In this case, the records document only limited objective benefit from prior radiofrequency treatment to the lumbar spine. Thus, neither the records nor the treatment guidelines provide a rationale for repeating this treatment. The request is therefore not medically necessary.

Radiofrequency lesioning Right L5-S1 Qty: 1.00: 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)- TWC, ODG Treatment, Integrated Treatment / Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) updated 03/24/2015.

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Decision rationale: ACOEM concludes that invasive techniques to the lumbar spine, including invasive pain management for facet-mediated pain, are of questionable merit. In this case, the records document only limited objective benefit from prior radiofrequency treatment to the lumbar spine. Thus, neither the records nor the treatment guidelines provide a rationale for repeating this treatment. The request is therefore not medically necessary.

Radiofrequency lesioning Left L4-5 Qty: 1.00: 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)- TWC, ODG Treatment, Integrated Treatment / Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) updated 03/24/2015.

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

Decision rationale: ACOEM concludes that invasive techniques to the lumbar spine, including invasive pain management for facet-mediated pain, are of questionable merit. In this case, the records document only limited objective benefit from prior radiofrequency treatment to the

lumbar spine. Thus, neither the records nor the treatment guidelines provide a rationale for repeating this treatment. The request is therefore not medically necessary.

Radiofrequency lesioning Left L5-S1 Qty: 1.00: 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)- TWC, ODG Treatment, Integrated Treatment / Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) updated 03/24/2015.

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