

Case Number:	CM15-0074671		
Date Assigned:	04/24/2015	Date of Injury:	05/24/2014
Decision Date:	06/03/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 50 year old female, who sustained an industrial injury on 5/14/14. She reported immediate low back pain. The injured worker was diagnosed as having lumbar strain, quadratus lumborum strain, ligament and muscle strain and spasm and bilateral L5 lumbar radiculopathy. Treatment to date has included activity restrictions, physical therapy, home exercise program and oral medications. Currently, the injured worker complains of dull, aching pain with stabbing, burning and shooting sensation of lower back; rated 7-8/10. The injured worker states rest, physical therapy and medications help alleviate the pain. Physical exam noted tenderness to palpation over the lumbar paraspinals, tenderness to palpation over the quadratus lumborum and limited range of motion of lumbar spine. The treatment plan included request for radiofrequency ablation and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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

Decision rationale: According to the ACOEM, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case the documentation doesn't support that the patient has had diagnostic blocks. Furthermore the requested site of the proposed procedure is for the lumbar spine which is not recommended. The item is not medically necessary.