

Case Number:	CM15-0075095		
Date Assigned:	04/24/2015	Date of Injury:	11/11/1998
Decision Date:	05/27/2015	UR Denial Date:	04/10/2015
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: 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 43 year old male, who sustained an industrial injury on 11/11/98. The injured worker has complaints of low back and right knee pain. The diagnoses have included lumbar fusion at L5-S1 (sacroiliac), 9/18/00, with exacerbation; myoligamentous lumbar spine strain/sprain; left knee arthroscopy, 6/5/03, with excision of plica; right knee arthroscopy, 5/16/02, with synovectomy, chondroplasty of the medial femoral condyle, partial medial meniscectomy and degenerative joint disease, right knee. Treatment to date has included ibuprofen, zantac, norco and skelaxin for pain relief; discectomy; fusion at L5-S1n; hardware removal; bilateral knee surgery; physical therapy and medial branch blocks. The request was for L3-4, L4-5 radiofrequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4, L4-5 RF Neurotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) , 2014, Low Back, facet joint radiofrequency neurotomy.

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

Decision rationale: ACOEM Guidelines state that invasive techniques in the lumbar spine are of questionable merit. The records in this case emphasize invasive pain management but do not clearly document initial first-line attempts at active, conservative, non-invasive treatment. Overall a rationale and indication for the requested neurotomy treatment is not apparent in the records and guidelines. This request is not medically necessary.