

Case Number:	CM15-0078649		
Date Assigned:	04/29/2015	Date of Injury:	12/04/2014
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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: California

Certification(s)/Specialty: Orthopedic 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(n) 47 year old male, who sustained an industrial injury on 12/4/14. He reported pain in his right leg due to being hit by a car. The injured worker was diagnosed as having exacerbation of preexisting T3-T6 facet arthropathy and status post tibial fracture and intramedullary rodding. Treatment to date has included T11-T12 radiofrequency ablation and pain medications. As of the PR2 dated 3/27/15, the injured worker reported worsening of his deep left-sided paravertebral pain. He indicated that he is unable to sleep at night without the use of narcotic analgesic medications. The treating physician noted paravertebral spasm and guarding in the left thoracic region. The treating physician requested bilateral T4-T6 facet nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T4-T6 thoracic facet nerve ablation: 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) for Radiofrequency Ablation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 3/27/15 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.