

Case Number:	CM15-0093189		
Date Assigned:	05/19/2015	Date of Injury:	12/26/2005
Decision Date:	07/27/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male who sustained an industrial injury on 12/26/05. Primary treating physician's progress report dated 4/14/15 reports continued bilateral lower back pain. The pain is made worse by lifting, twisting, driving, coughing, sneezing and bearing down and is made better by lying on back or side and intermittent stretching. The injured worker is taking medications to control the pain. Diagnoses include lumbar facet joint arthropathy, status post fluoroscopically-guided bilateral sacroiliac and facet joint radio-frequency nerve ablation, bilateral sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar post laminectomy syndrome, lumbar central disc protrusion, lumbar stenosis and lumbar degenerative disc disease. Plan of care includes: fluoroscopically guided bilateral L4-5 and bilateral L5-S1 radio-frequency nerve ablation when authorized schedule within one week then follow up in 2 weeks to assess progress, prescriptions for medications given, discussed activity modifications, work status is full duty with modifications; 8 hours per day, no lifting greater than 40 pounds, alternate between sitting, standing and walking every 20-30 minutes. Follow up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided bilateral l4-5 and l5-s1 radiofrequency nerve ablation with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work-related injury in December 2005 and continues to be treated for low back pain. He underwent an L5-S1 fusion in 2007 with removal of hardware in 2008. Treatments have included L3-4 and L4-5 medial branch radiofrequency ablation. When seen, there was facet joint tenderness and pain with facet maneuvers. There was paraspinal muscle and sacral tenderness. Patrick and Fabere testing was positive. Medial branch radiofrequency ablation at L4-5 and L5-S1 was requested. In terms of facet medial branch radiofrequency ablation, guidelines indicate that this should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has a history of an L5-S1 fusion and the L5-S1 facet joints are to be included in the planned procedure. The request is not medically necessary.