

Case Number:	CM15-0093553		
Date Assigned:	05/19/2015	Date of Injury:	07/29/1986
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
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: California, Indiana, Oregon
 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 67-year-old, female who sustained a work related injury on 7/29/86. The diagnoses have included multilevel lumbar degenerative disc disease, lumbar spondylosis, stenosis, and bilateral lower extremity radiculitis. Treatments have included lumbar radiofrequency procedures, lumbar epidural steroid injections and medications. In the PR-2 dated 3/30/15, the injured worker complains of constant, moderate to severe lower back pain, which radiates to her buttocks and has associated pain, numbness, tingling and weakness down both legs, left greater than right. She has decreased range of motion in low back with pain in all motions. She has moderate tenderness over spinous processes and lumbar paraspinal musculature. She has mild tenderness at the sacroiliac joints. Straight legs raises cause low back pain, left leg worse than right. She has a positive Faber's test, left greater than right. She had a left lumbar radiofrequency procedure done on 2/22/13 and a right lumbar radiofrequency procedure on 3/18/13. Both of these procedures provided her with about 85% relief of her lower back pain. The treatment plan includes a referral back to another physician for repeat lumbar radiofrequency procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for bilateral L4-5 and L5-S1 radiofrequency: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that "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." From ACOEM chapter 8 on c-spine RFA: Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures. In this case, the worker has had medial branch block and prior RFA with 85% relief of symptoms. Based on the combined evidence in the guidelines, it is felt the plan is in keeping with guidelines and is medically necessary.