

Case Number:	CM15-0096396		
Date Assigned:	05/26/2015	Date of Injury:	10/23/2007
Decision Date:	10/19/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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 56 year old female, who sustained an industrial injury on October 23, 2007. She reported a fall. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having history of lumbar facet syndrome multilevel, lower back pain and paresthesias. Treatment to date has included physical therapy, chiropractic treatment, diagnostic studies, home exercises and medication. Since a prior lumbar radiofrequency ablation, she reported that he has decreased her pain medications. Facet injections at both sides at L4-5 and L5-S1 provided 80% relief of pain. On July 30, 2013, physical examination revealed decreased lumbar lordosis and tenderness in the left quadratus lumborum. Range of motion was normal for flexion but increased pain with left facet loading on extension on the left. The treatment plan included a repeat lumbar facet injection. On May 11, 2015, utilization review denied a request for left radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 injury in October 2007 when she fell into an uncovered manhole. In January 2013 she underwent a left L4/5 and L5/S1 facet injections and subsequently underwent radiofrequency ablation treatment on 03/12/13. When seen on 06/18/13 her pain had increased from 3/10 to 6/10. The plan references consideration of another radiofrequency ablation procedure. On 07/30/13 physical examination findings included positive left facet loading. There was a decreased lumbar lordosis and decreased left ankle strength. A repeat radiofrequency ablation was done on 02/25/14. When seen, there was lumbar paraspinal and posterior superior iliac spine tenderness and decreased lumbar extension. Authorization for a repeat radiofrequency ablation procedure is being requested. If a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the last procedure is documented for at least 12 weeks at more than 50% relief. In this case the degree and duration of pain relief from the last procedure done is not adequately documented. Based on the information provided, a repeat procedure is not medically necessary.