

Case Number:	CM13-0001285		
Date Assigned:	06/11/2014	Date of Injury:	05/14/2004
Decision Date:	07/24/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old male with date of injury 5/14/2004. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain since the date of injury. He has been treated with physical therapy, medications and lumbar spine radiofrequency therapy. The patient had painful range of motion of the lumbar spine and decreased range of motion of the lumbar spine. The patient's diagnoses included lower back pain, lumbar spine degenerative joint disease. The treatment plan and request consisted of a repeat bilateral lumbar radiofrequency at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BILATERAL LUMBAR RADIOFREQUENCY AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Facet Joint Diagnostic Blocks and Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower back complaints, page 310.

Decision rationale: This 52 year old male has complained of lower back pain since date of injury 5/14/2004. He has been treated with physical therapy, medications and prior bilateral lumbar radiofrequency therapy at L4-L5 and L5-S1. The current request is for repeat bilateral lumbar radiofrequency therapy at L4-L5 and L5-S1. Per the MTUS guidelines cited above, lumbar radiofrequency therapy is not recommended for the treatment of lower back pain. On the basis of the MTUS guidelines, lumbar radiofrequency therapy is not medically necessary.