

Case Number:	CM13-0012047		
Date Assigned:	06/06/2014	Date of Injury:	09/28/2012
Decision Date:	07/11/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 injured employee is a 30 year-old female who states she sustained a work-related injury on September 28, 2012. Previous treatment has included facet injections, medial branch blocks. On July 9, 2013 there was a request for radiofrequency nerve ablation at the L4/L5 and L5/S1 level. The most recent note in the attached medical records dated June 9, 2014, and the injured employee complains of low back pain radiating to the left lower extremity with no improvement noted with a spinal cord stimulator. The physical examination on this date noted and antalgic gait and tenderness along the lower paraspinal muscles in the L4/L5 region there is a positive left lower hegemony straight leg raise. Recent MRI of the lumbar spine dated June 3, 2014, showed a disc protrusion at the L5 S-1 level without nerve root impingement. A referral to a spine surgeon was recommended. A previous independent medical review dated August 6, 2013 did not recommend moderate sedation services in conjunction with a radio frequency nerve ablation procedure which was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODERATE SEDATION SERVICES QUANTITY: 2.00: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy, updated June 10, 2014.

Decision rationale: Neither the California MTUS Chronic Pain ankle treatment guidelines or the Official Disability Guidelines addresses the need for moderate sedation for a radiofrequency nerve ablation procedure. However, the medical record does not state a specific need why moderate sedation is requested in adjunct for this procedure. Without specific justification, this request for moderate sedation services is not medically necessary.