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| Case Number: | CM13-0012082 | | |
| Date Assigned: | 03/10/2014 | Date of Injury: | 03/31/2012 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 07/29/2013 |
| 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 Physical Medicine and Rehabilitation 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is an employee of [REDACTED] and has submitted a claim for degenerative disc disease associated with an industrial injury date of March 31, 2012. A utilization review from July 29, 2013 denied a request for Radiofrequency Ablation to Bilateral Lumbar Spine L3-S1 due to exceeding levels from recommended two levels and no documentation concerning the response from previous facet injection. Treatment to date has included physical therapy, lumbar facet block, and opioid and non-opioid pain medications. Medical records from 2013 through 2014 were reviewed showing the patient complaining of a long-standing back pain. The patient underwent lumbar facet block at L5-S1 with significant overall improvement. Pain score from February 2013 was reported to be 2/10, down from 8/10. Physical exam demonstrated decreased range of motion from the waist. Trigger points were noted in the lumbar and buttock area. The treating physician noted that facet blocks given early in 2013 decreased the pain from 8-9/10 to 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION TO BILATERAL LUMBAR SPINE L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back- Lumbar & Thoracic.

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 Chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy was used instead. ODG states that radiofrequency neurotomy may be used after a diagnostic medial branch block has confirmed pain relief of at least >50% with no more than 2 joint levels to be performed on at one time. In this case, the patient had a greater than 50% pain reduction. However, the requested levels exceed the guideline recommendations. Therefore, the requested Radiofrequency Ablation to Bilateral Lumbar Spine L3-S1 is not medically necessary.