

Case Number:	CM13-0014786		
Date Assigned:	06/06/2014	Date of Injury:	07/04/2012
Decision Date:	07/11/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

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 Mississippi. 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 worker is a 46 year-old male who sustained an injury on July 4, 2012. The mechanism of injury was noted as a low back injury while apprehending a suspect who fell on top of the injured worker during their duties as a police officer. There are ongoing complaints involving the cervical spine, lumbar spine, shoulders and knees due to previous injuries. Focus is on the lumbar spine and the current request. In the progress note, dated May 14, 2014, the injured worker reported lower back pain with a pain score of 2/10 without medications. Physical examination of the lumbar spine showed no scoliosis or asymmetry; range of motion flexion 90 and extension 20 with pain, hypertonicity, tenderness, tightness to the paravertebral muscles bilaterally, normal to heel-to-toe ambulation, lumbar facet loading positive, stretch of piriformis negative, straight leg raise negative, FABER test negative, Babinski's negative, motor strength 5-/5 at EHL bilaterally, otherwise 5/5 throughout the lower extremities, decreased sensation with light touch over the left medial thigh/ankle and foot, normal reflexes. MRI lumbar spine, dated February 5, 2014, demonstrated small disc protrusions at L3-L4 and L4-L5 with bilateral mild to moderate foraminal stenosis, mild facet degeneration L3-L4, L4-L5 and L5-S1. Electrodiagnostic (EMG/NCS) studies, dated January 27, 2014, demonstrated evidence of a left on chronic L4-L5 lumbar radiculopathy. Diagnoses: Lumbar facet syndrome, low back pain. Previous treatment has included a lumbar epidural steroid injections and medications to include Ultram and Naproxen. A request has been made for outpatient lumbar radiofrequency ablation at L3, L4, L5 and sacral right side. The nonmedical necessity was dated August 7, 2013 (rationale was not listed).

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR RADIO-FREQUENCY ABLATION AT L3, L4, L5 AND SACRAL ALA RIGHT SIDE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Disorders; Clinical Measures - Radiofrequency Neurontin, Neurontin, Facet Rhizotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG -TWC / ODG Treatment Integrated Treatment/Disability Duration Guidelines; Low Back Disorders; Clinical Measures - Radiofrequency Neurontin, Neurontin, Facet Rhizotomy.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) makes no recommendation for or against radiofrequency, for chronic low back pain, for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. The records indicate that the injured worker complains of chronic low back pain but failed to document any diagnostic medial branch blocks. Therefore, this request is not considered medically necessary based on Official Disability Guidelines (ODG).