

Case Number:	CM13-0023860		
Date Assigned:	11/15/2013	Date of Injury:	05/30/2012
Decision Date:	01/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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 43-year-old female correctional officer. She reports that she was passively wearing a heavy duty belt and doing heavy lifting on May 30, 2012, and sustained an injury to her low back. She is currently not working. At issue is whether radiofrequency ablation in the bilateral L3-S1 region is medically necessary at this time. The patient had an MRI of the lumbar spine in February 2013 that demonstrated L4-5 posterior disc bulge and L5-S1 3-4 mm disc bulge. In August 2013, the patient underwent L3-S1 facet injections. There was documentation of approximately 50% pain relief with only one week's duration. The patient reported worsening low back pain especially when wearing her duty belt. The patient's current medications include tramadol, Vicodin, Flexeril, Benadryl and Zoloft. There is no documentation of physical therapy, chiropractic manipulation, or other noninvasive measures for a back pain management plan

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency ablation bilateral L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

Decision rationale: A review of the medical records does not indicate a plan for definitive conservative management of this patient's back pain. It is unclear if the patient has had physical therapy or will continue to have other noninvasive conservative measures for treatment of back pain at this time. There is no documentation of any significant attempt of conservative noninvasive treatment for low back pain. There is documentation of prior injection therapy in the lumbar spine. The medical records indicate that the patient obtained approximately 50% relief for only 1 week with previous L3-S1 facet injections in July 2013. At the present time bilateral L3-S1 facet ablation is requested by the treating physician. The MRI report indicates L4-5 and L5-S1 degenerative disc condition with mild disc bulges. There is no evidence of degenerative pathology in the records at other lumbar levels to include the requested L3-4 injection level. In addition, more than 2 spinal levels are requested for this injection procedure. Given the fact that the patient has not had a documented attempt at conservative noninvasive measures for the treatment of low back pain, facet ablation therapy is not medically necessary at this time.