MAXIMUS Federal Services

Case Number:	CM13-0024278		
Date Assigned:	11/20/2013	Date of Injury:	01/27/2005
Decision Date:	02/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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.

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 male who reported an injury on 01/27/2005 due to a twisting motion of the trunk that caused a popping sensation in his low back. The patient underwent an MRI that revealed a disc herniation at the L4-5 level. The patient's treatment history included corticosteroid injections and lumbar interbody fusion at that level. The patient also underwent a radiofrequency ablation at the L4-5 and L5-S1 that resulted in a 40% improvement. The patient's most recent clinical examination indicated that the prior radiofrequency ablation provided pain relief for approximately 6 months. Physical findings included a blood pressure of 140/90 with pain levels rated at a 5/10 to 6/10. The patient had tenderness at the facet joints at the right with transverse myofascial pain. The patient's diagnoses included lumbar degenerative disc disease with right low back pain, sacroiliac joint dysfunction, and failed back surgery syndrome. The patient's treatment plan included a home exercise program, a TENS unit, anti-inflammatory medications, and a radiofrequency ablation for the right 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:

Radiofrequency ablation on the right at L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guiedelines, Low Back (Acute & Chronic).

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 requested radiofrequency ablation on the right L4-5 and L5-S1 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a radiofrequency ablation at the requested sites. Official Disability Guidelines state, "A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief." The clinical documentation submitted for review does provide evidence that the patient received the radiofrequency ablation in 02/2013. The clinical documentation included a chart note from 03/2013 that reported the patient received 40% pain relief. Additionally, there is no documentation of specific functional improvement related to the previous procedure. Therefore, an additional procedure would not be indicated. As such, the requested radiofrequency ablation on the right at the L4-5 and L5-S1 are not medically necessary or appropriate.