

Case Number:	CM13-0030994		
Date Assigned:	12/04/2013	Date of Injury:	02/13/2008
Decision Date:	01/15/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine, 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 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 applicant is a represented operations employee who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of February 13, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; prior right knee arthroplasty; unspecified amounts of physical therapy and acupuncture; and extensive periods of time off work, on total temporary disability. A lumbar MRI of April 4, 2013, is notable for comments that the applicant has stable L1 compression fracture. No high-grade spinal stenosis is appreciated. In a utilization review report of September 19, 2013, the claims administrator denied a request for lumbar radiofrequency ablation procedure. The applicant's attorney later appealed, on September 25, 2013. An earlier note of September 13, 2013, is notable for comments that the applicant is now retired, and has severe low back pain, axial and central. The applicant's lumbar MRI report is notable for facet arthropathy. The applicant underwent diagnostic lumbar medial branch blocks in the clinic. A facet rhizotomy procedure is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Radiofrequency Ablation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Rhizotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 12, radiofrequency ablation procedure/facet neurotomy has been performed only after appropriate investigation involving controlled differential dorsal or ramus medial branch block, diagnostic block. In this case, the applicant has undergone the requisite prior diagnostic medial branch block procedures. A trial of radiofrequency ablation is therefore indicated as the applicant did report reduction in pain immediately after the diagnostic medial branch blocks. A trial set of radiofrequency ablation procedures is therefore indicated. Accordingly, the original utilization review decision is overturned. The request for lumbar facet radiofrequency ablation is medically necessary and appropriate.