

Case Number:	CM13-0039072		
Date Assigned:	12/18/2013	Date of Injury:	03/07/2012
Decision Date:	02/07/2014	UR Denial Date:	09/03/2013
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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 58-year-old male with the date of injury March 7, 2012. The patient complains of chronic neck lower back and left shoulder pain. Physical examination demonstrates restricted and painful range of lumbar motion. There is tenderness in palpation to the lumbar spine with spasm. Current diagnoses include lumbar degenerative disc condition with spondylolisthesis. Treatment includes lumbar facet injection with at least 50% pain relief for 4 hours. The patient also takes medications. At issue is whether lumbar radiofrequency ablation at L3, L4-L5 and S1 is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for lumbar radiofrequency ablation at the left L3, L4, L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Guidelines and ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The medical records do not indicate that there was one set of diagnostic medial branch blocks with response of greater than 70% reduction in pain. In addition, no more than two levels should be performed at the same time. The medical records do not indicate an

adequate plan of evidence-based conservative care in addition to facet injection therapy. The medical records do not document a response of greater than 70% pain relief with the previous injection. In addition, there is no documentation that no more than two joint levels will be performed at one time with facet ablation therapy. More importantly, there is no documentation of her formal plan of conservative care for the treatment of chronic degenerative low back pain. Therefore, criteria for radiofrequency ablation therapy have not met.