

Case Number:	CM13-0041471		
Date Assigned:	12/20/2013	Date of Injury:	06/04/2012
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 [REDACTED] employee who has filed a claim for chronic mid back pain and chronic low back pain reportedly associated with an industrial injury of June 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and reported return to part-time modified work. In a utilization review report of September 27, 2013, the claims administrator denied a request for a radiofrequency ablation/rhizotomy/neurotomy procedure, stating the fact that the applicant had had a prior procedure in March 2013, citing non-MTUS ODG Guidelines. The applicant subsequently appealed. In an October 8, 2013 progress note, the attending provider notes that the applicant reports persistent mid back pain, exacerbated by twisting, standing, and lifting. The applicant is on albuterol, Paxil, Allegra, Singulair, and Vicodin. The applicant is obese, standing 5 feet 3 inches and weighing 230 pounds. Tenderness is noted about the facet joints with limited range of motion noted about the same. A 5/5 strength is appreciated in all limbs. Additional radiofrequency ablation procedure is sought. It is stated that the applicant did respond favorably to prior injection therapy. She has returned to part-time modified work on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Destruction by Neurolytic agent; other peripheral nerve or branch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, there is limited evidence that radiofrequency neurotomy procedure may be effective in relieving or reducing facetogenic pain in those applicants who have had a positive response to facet injections. In this case, the applicant has had at least one prior radiofrequency ablation procedure. There is some evidence of functional improvement evident following completion of the same. The applicant did achieve the requisite analgesia, per the attending provider, and did return to part-time modified work. A repeat procedure is, on balance, therefore indicated. Accordingly, the request is certified as written.