

Case Number:	CM13-0042967		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2004
Decision Date:	07/16/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 62 year old female who suffers from low back pain and leg symptoms after a motor vehicle accident. She had a previous L4-S1 laminectomy in 2007. Past treatment has included physical therapy, medications, and five epidural steroid injections. The patient has radiculopathy and sciatica symptoms list in the diagnosis documentation. A lumbar MRI from 2013 shows postsurgical changes without disc herniations. There is recurrent stenosis at L4-5. Exam shows a normal straight leg raise and present sacroiliac pain. There is a positive facet load test.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR MEDIAL BRANCH BLOCK AT L3-4; L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient has chronic axial back pain and leg symptoms. She has MRI-documented degenerative back stenosis at L4-5 after previous decompression surgery. As per

the Official Disability Guidelines, she does not meet criteria for therapeutic injection treatments due to stenosis and radicular leg symptoms. She has already had 5 epidural steroid injections with some relief documented. The requested injections are not medically necessary and not more likely than continued conservative measures to provide lasting back pain relief.

BILATERAL LUMBAR RADIOFREQUENCY ABLATION (RFA) AT L2, L3, L4 AND L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient has chronic axial back pain and leg symptoms. She has MRI-documented degenerative back stenosis at L4-5 after previous decompression surgery. As per the Official Disability Guidelines, she does not meet criteria radiofrequency ablation due to stenosis and radicular leg symptoms. She has already had 5 epidural steroid injections with some relief documented. The requested treatment is not medically necessary and not more likely than continued conservative measures to provide lasting back pain relief.