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| Case Number: | CM13-0045433 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/03/1988 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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, has a subspecialty in Interventional Spine 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 patient is a 61 year old female with a date of injury of 06/03/1988. The listed diagnosis per [REDACTED] dated 10/25/2013 is Lumbago. According to report dated 10/25/2013 by [REDACTED], patient presents with complaints of lower back pain. It is noted that pain does not radiate and there has been no associated numbness or weakness. Past interventions include chiropractic care, physical therapy, acupuncture, TENS and medications. Treater states most recent RFTC injection to the left L4, L5, and S1 produced "85% relief for 9 months." Patient is requesting another injection as she is having increasing low back pain as the effects of the prior RF "had finally begun to wane." Operative report dated 01/10/2013 document Radiofrequency neurolytic lesioning of the medial branch nerves at levels L4, L5, S1 with Fentanyl/Versed intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Left Radio Frequency Thermal Coagulation (RFTC) at L4, L5 and S1:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with increasing lower back pain. Treater is requesting repeat Radio Frequency Thermal Coagulation injection at L4, L5 and S1. ACOEM guidelines pages 300 and 301 states, "lumbar facet neurotomies reportedly produce mixed results." For a more thorough discussion, ODG guidelines are used. ODG states RF ablation is under study and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Specific criteria is used including diagnosis of facet pain with MBB, 6 month interval from first procedure, adequate diagnostic blocks, no more than two levels to be performed at one time and evidence of formal conservative care in addition to the facet joint therapy is required. In this case, the patient appears to have experience lasting relief from prior procedure with functional improvement. Recommendation is for authorization.