

Case Number:	CM13-0047087		
Date Assigned:	01/08/2014	Date of Injury:	09/29/2001
Decision Date:	04/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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:

This patient is a 51-year-old male with 09/29/2001 injury date. Per treater's report 10/11/2013, patient presents with low back and bilateral lower extremity pain, S/P bilateral L2-L5 medial branch blocks with greater than 6 hours of pain relief, reporting noticeable improvement in his pain, able to drive 600 miles the next day with no extra pain. Patient continues with Opana ER 20 mg twice a day, Percocet 4 to 6 a day, cyclobenzaprine, pantoprazole, Amitiza, Wellbutrin, Lexapro. Listed diagnostic impressions were: 1. L4-L5 moderate central narrowing, moderate facet changes, and moderate bilateral foraminal narrowing, S/P spinal cord stimulator implant. 2. Lumbar levoscoliosis. 3. Depression, chronic pain, sleep dysfunction, GERD. 4. Low testosterone. Treatment recommendation was to request authorization for bilateral L3, L4, L5 RF ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SURGERY: BILATERAL L3, L4, L5 RADIOFREQUENCY ABLATION:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES ON RF ABLATION, LUMBAR SPINE

Decision rationale: In this case, the treating physician feels that the patient has had successful dorsal medial branch blocks with at least 6 hours of pain reduction. Unfortunately, the treating physician does not document percentage of pain relief and operative report is not available for this review. The ODG Guidelines recommend RF ablation for low back pain that is nonradicular, but in this patient, 25% of the pain is radiating all the way down to the foot. Having reviewed all of the information, my recommendation is for authorization of the requested procedure. ODG Guidelines do allow for RF ablation.