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| Case Number: | CM13-0048843 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/20/1997 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 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 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:

This is a 54 year-old male who was injured on 11/20/1997. There is a 10/3/13 medical report from [REDACTED] that reports 5/10 pain. The patient had tried physical therapy, home exercise program, acupuncture, biofeedback, and occupational therapy with minimal or temporary relief. He is reported to have 100% relief with a medial branch block (MBB). The date of the MBB and the actual procedural report, along with the patient pain scale diary were not provided. Straight leg raise was reported to be positive at 30 degrees

IMR ISSUES, DECISIONS AND RATIONALES

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

An outpatient right L4-L5 sacral Ala Radiofrequency Rhizotomy Injection: Upheld

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

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 (ODG), low back chapter for facet joint radiofrequency neurotomy.

Decision rationale: There is no diagnostic or procedural report on the MBB, so it is not clear when this was performed, or if it was performed in accordance with any guidelines. According to

the 5/23/13 report, pain is 7-8/10 and radiating down the right leg. Straight leg raise was positive and the patient was reported to have disc disease, radiculopathy and facet osteoarthritis. He was using OxyContin and Percocet and there was no mention of the MBB at that time. The guidelines do not provide strong recommendations for lumbar radiofrequency ablation, and state they should be on a case-by-case basis. The criteria state that the patient must have successful diagnostic medial branch blocks. Based on the documentation provided for review, the requested services are not medically necessary or appropriate at this time.