

Case Number:	CM13-0048895		
Date Assigned:	12/27/2013	Date of Injury:	10/29/2003
Decision Date:	05/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 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:

The claimant is a 57-year-old gentleman who was injured in a work related accident on October 29, 2003. There was documentation of an injury to the low back with recent clinical records for review including a procedural report of November 26, 2013 indicating the claimant underwent two level facet radiofrequency ablation at L3 through L5. Prior to this assessment, there was documentation of a November 11, 2013 report indicating ongoing complaints of pain about the low back with point tenderness at the L5-S1 level. No acute distress and no other clinical findings. He was diagnosed with facet mediated pain for which radiofrequency procedure was recommended. It states that the claimant had previous positive response for greater than six months from prior procedure performed on April 23, 2013. There is a specific request in question for the left sided procedure to be performed at this date from the L2 through L5 level. The November 26th procedure was only performed on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L2, L3, L4 AND L5, RADIOFREQUENCY THERMOCOAGULATION POSTERIOR RAMI UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG LOW BACK (UPDATED 10/9/13), CRITERIA FOR USE OF FACET JOINT RADIOFREQUENCY NEUROTOMY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - FACET JOINT RADIOFREQUENCY NEUROTOMY

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of the proposed three level left sided L2 through L5 radiofrequency ablation, i.e. rhizotomy would not be indicated. While the claimant was noted to have six months of quality relief, rhizotomy procedures are only recommended for up to two levels in any clinical setting. The specific request for the three level procedure at this time would fail to meet Guideline criteria and would not be supported as medically necessary.