

Case Number:	CM13-0049022		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2004
Decision Date:	06/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63 year old male whose date of injury is 04/28/04. Note dated 10/09/13 indicates that the patient related a 20 year history of back pain. The patient underwent radiofrequency neurotomy in October 2006 on the left with considerable pain relief. This was repeated on 09/20/07 and 06/06/11 at L2, L3, L4 and L5. The patient reported 80% pain relief on 07/20/11. He has had a gradual return of pain. The patient has undergone a recent course of 12 sessions of physical therapy. The patient subsequently underwent radiofrequency neurotomy on the left at L2, L3, L4 and L5 on 01/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH RADIOFREQUENCY LEFT L2,L3,L4 AND L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.

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

Decision rationale: Based on the clinical information provided, the request for lumbar medial branch radiofrequency left L2, L3, L4 and L5 is not recommended as medically necessary. The patient most recently underwent radiofrequency procedure on the left at L2, L3, L4 and L5 on 01/06/14. There are no post-procedure records submitted for review, and the patient's objective

functional response to the procedure is not documented. There is no current, detailed physical examination submitted for review. As such, the procedure cannot be recommended.