

Case Number:	CM13-0050515		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2002
Decision Date:	04/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/11/2013

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 Emergency Medicine and is licensed to practice in New York. 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 69-year-old female who was injured on July 7, 2002. The patient continued to experience low back pain. Physical examination was notable for no weakness in lower extremities, tenderness over the C4 segment of the neck. Diagnoses included multifocal chronic pain, status post two (2) cervical spine surgeries, and status post lumbar spine surgery. Treatment of the low back pain included lumbar spinal surgery, medications, lumbar facet block L4-5 and L5-S1 bilaterally, medical branch block, L4, L5, and S1 bilaterally. The patient received pain relief from the medical branch blocks of L4, L5, and S1. Request for authorization for radio frequency ablation of S1 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIO FREQUENCY ABLATION S1 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Facet joint radiofrequency neurotomy or

radiofrequency ablation is under study. It is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain. Criteria for use of radiofrequency ablation include a diagnosis of facet joint pain using a medial branch block and that the treatment be performed at no more than two levels at one time. In this case, the patient had requested approval for radiofrequency ablation at L4 and L5. These procedures in addition to the procedure at S1 would total procedures at three (3) levels. This does not meet criteria. The procedure should not be authorized.