MAXIMUS Federal Services

Case Number:	CM13-0052209		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2007
Decision Date:	05/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 injured worker is a 56-year-old female who reported an injury on 08/18/2007. The mechanism of injury was cumulative trauma related to the performance of job duties. The injured worker's course of treatment to date is unclear; however, it is noted that she utilizes medications to control her pain and has had success with radiofrequency ablations to the lumbar spine in the past. The injured worker is also noted to use a lumbar corset and participate in pool therapy. The injured worker's last radiofrequency ablation to the L3-5 levels was on 10/01/2012, and she has recently experienced an exacerbation of symptoms. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL RADIO FREQUENCY ABLATION L3-L4-L5: 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..

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy only after appropriate medial branch diagnostic blocks have been performed.

Unfortunately, the clinical notes submitted for review did not provide any evidence as to when the last medial branch blocks had been performed. Although it appears that the injured worker benefits from these treatments, updated information is needed prior to making an appropriate assessment and determination for future treatments. As such, the request for bilateral radiofrequency ablation L3-L4-L5 is non-certified.