

Case Number:	CM13-0060515		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2007
Decision Date:	08/25/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/03/2013

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 injured worker is a 56-year-old female who was reportedly injured on April 17, 2007. The mechanism of injury is noted as twisting her back while holding a patient's foot. The most recent progress note dated October 11, 2013, indicates that there are ongoing complaints of low back pain and neck pain. Current medications include Neurontin, fentanyl patches, Skelaxin, Dilaudid, Neurontin, Cymbalta and prochlorperazine. The physical examination demonstrated tenderness along the lumbar paraspinal muscles. Medications were refilled and a urine drug screen was recommended. Previous treatment includes previous lumbar spine radiofrequency ablations. A request had been made for repeat lumbar spine radiofrequency ablations and was not certified in the pre-authorization process on November 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Radiofrequency Abalation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the medical record the injured employee has had previous lumbar spine radiofrequency nerve ablations, however there is no objective pain relief reported after these procedures nor is there any documented decrease of opioid medication usage after their completion. According to the American College of Occupational and Environmental Medicine, repeat neurotomy procedures should not be performed unless there is documented relief of at least 50% for 12 weeks' time. Without this information to justify an additional procedure, this request for a repeat lumbar radiofrequency nerve ablation is not medically necessary.