

Case Number:	CM13-0060911		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2000
Decision Date:	05/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/04/2013

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 Pennsylvania. 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:

This is a 51-year-old female who sustained an injury to her low back and right lower extremity on 10/06/00. The clinical records provided for review document that the claimant has had continued conservative treatment since the year 2000, which has included previous radiofrequency ablation procedures performed at four (4) levels, the left L2-3 through L5-S1 levels, in August 2012. The clinical progress report on 10/31/13 by [REDACTED] documented subjective complaints of low back pain with radiating right leg pain. The physical examination findings demonstrated spasm and tenderness to palpation, with limited range of motion. Based on a prior positive response, the recommendation was made for repeat radiofrequency ablation at the L2 through L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT RADIO FREQUENCY ABLATION AT L2,L3,L4,L5: 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): 298-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMPENSATION, 18TH EDITION,

2013 UPDATES: LOW BACK PROCEDURE - FACET JOINT RADIOFREQUENCY NEUROTOMY

Decision rationale: The MTUS/ACOEM Guidelines do not support radiofrequency rhizotomy in the lumbar spine. The Guidelines indicate that while literature supports radiofrequency rhizotomy in the cervical setting, similar literature does not exist regarding radiofrequency rhizotomy in the lumbar setting. The medical records provided for review indicates that the claimant had a positive response to a previous rhizotomy in the past. The Official Disability Guidelines do not recommend performing radiofrequency rhizotomy at more than two (2) levels in any clinical setting. Therefore, this specific request for radiofrequency rhizotomy at three (3) levels in this individual would not be indicated.