

Case Number:	CM13-0065432		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2006
Decision Date:	04/10/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine 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 physician 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 44-year-old male who reported an injury on 04/14/2006 after a slip and fall. The patient reportedly sustained an injury to the low back and right lower extremity. The patient underwent a lumbar fusion at the L4-5 level, which failed to resolve the patient's symptoms. The patient's chronic pain was managed with aquatic therapy, physical therapy, multiple medications, and activity modifications. The patient's most recent documentation dated 11/19/2013 noted that the patient had undergone medial branch blocks at the L4-5 level that provided 50% to 60% pain relief for approximately two (2) and a half weeks improving the patient's ability to sit, stand, and walk for longer periods. A recommendation was made for a radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Pain (Chronic) Chapter.

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), Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The MTUS/ACOEM Guidelines recommend radiofrequency ablation as an appropriate intervention for patients who have had a positive response to medial branch blocks. The clinical documentation indicates that the patient had medial branch blocks at the L4-5 level that did provide significant pain relief for an appropriate duration of time and allowed for functional increases. However, the Official Disability Guidelines do not recommend radiofrequency ablation or facet blocks for patients who have undergone fusion surgery at the requested level. The clinical documentation indicates that the patient has a history of fusion surgery at the L4-5 level. Therefore, the requested procedure would not be appropriate for this patient. As such, the requested L4-L5 Radiofrequency ablation is not medically necessary or appropriate.