

Case Number:	CM13-0068056		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2010
Decision Date:	05/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 65 year old male with date of injury 3/11/10. The mechanism of injury is not specified in the available medical records. The patient has complained of chronic low back pain with radiation to the bilateral legs since the date of injury. He has been treated with medications, corticosteroid injections and physical therapy. MRI of the lumbar spine dated 04/2010 revealed multilevel degenerative disc disease at L2-L5. EMG with nerve conduction velocity testing of the bilateral lower extremities performed in 04/2010 revealed evidence of a left S1 radiculopathy. Objective: antalgic gait, decreased range of motion of the lumbar spine, lumbar paraspinous muscle tenderness to palpation and lumbar facet joint tenderness with palpation. Diagnoses: lumbar facet syndrome, lumbar degenerative disc disease. Treatment plan and request: lumbar radiofrequency ablation L3, L4, L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR RADIOFREQUENCY 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 Chronic Pain Treatment Guidelines Low Back Pain Section Page(s): 300-301.

Decision rationale: This 65 year old male has complained of lower back pain with radiation to the lower extremities since date of injury 3/11/10. He has been treated with physical therapy, epidural corticosteroid injections and medications. The current request is for lumbar radiofrequency ablation at L3, L4, L5. Per the MTUS guideline cited above, there is no good quality evidence supporting radiofrequency neurotomy of lumbar facet joint nerves and such procedures have produced mixed results when performed in the lumbar region. On the basis of the MTUS guidelines, lumbar radiofrequency ablation of L3,L4 and L5 is not indicated as medically necessary.