

Case Number:	CM14-0006603		
Date Assigned:	02/14/2014	Date of Injury:	05/10/2010
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 has a date of injury of May 10, 2010. The patient has history of neck pain, low back pain and right upper extremity pain. The patient reports subjective improvement with diagnostic medial branch blocks and lumbar spine. However the amount of improvement is not documented. The patient also uses medications. Physical exam revealed mild weakness of the left hip flexors on the right. There is weakness of the wrist flexors. EHL was intact. The patient is diagnosed with spasm of the muscles, lumbar facet syndrome, lumbar DDD, low back pain. At issue is whether radiofrequency ablation for the lumbar spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR RADIOFREQUENCY ABLATION AT L3, L4, L5, AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Criteria for Use of Therapeutic Intra-articular and Medial Branch Blocks

Decision rationale: This patient has chronic axial back pain. She has already has bilateral medial branch blocks of the facet joints however the specific documentation of the percent of

relief of pain symptoms is not documented in the chart after the injection. As per ODG Guidelines, she must have initial 70% relief of pain symptoms and documented at least 50% 6-week duration relief. She does not meet established criteria for continued therapeutic injection treatments. They are not medically necessary and not more likely than continued conservative measures to provide lasting back pain relief at the present time.