

Case Number:	CM14-0006710		
Date Assigned:	02/07/2014	Date of Injury:	05/02/2012
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old with an injury date on 05/02/2012. Based on the 11/20/2013 progress report provided by [REDACTED] the diagnoses are: Cervical spine sprain/strain; MRI finding of 3.5 mm disc protrusion at C5-C6, C6-C7; Facetogenic low back pain; and Lumbar spine sprain/strain. An exam of the lumbar spine on 11/20/13 showed "range of motion is thirty-five (35) degrees at flexion, five (5) degrees at extension, fifteen (15) degrees on right lateral bending, and fifteen (15) degrees on left lateral bending. There was decreased sensation to light touch over the anterolateral part of left leg up to level of knee, and the anterior part of right leg up to level of knee. [REDACTED] is requesting lumbar spine left L4-5 and L5-S1 percutaneous stereotactic radio frequency rhizotomy with fluoroscopy. The utilization review determination being challenged is dated 12/17/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/2013 to 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE, LEFT L4-5 AND L5-S1 PERCUTANEOUS STEROTACTIC RADIOFREQUENCY RHIZOTOMY WITH FLUOROSCOPY.: 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 Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Pulsed radio frequency treatment (PRF) Page(s): 102.

Decision rationale: This patient presents with lower back pain, the left greater than the right, bilateral shoulder pain, and right and left finger pain. The treater has asked for a left lumbar spine percutaneous stereotactic radio frequency rhizotomy with fluoroscopy of L4-5 and L5-S1 on 11/20/2013. On 11/20/2013, the patient has responded with 80% pain reduction for five (5) days following a bilateral lumbar facet block of L4-5 and L5-S1, and treater believes pain in facets would benefit from denervation by pulsed ablation. The Chronic Pain Guidelines indicate that pulsed radiofrequency is not recommended. Recommendation is for denial.