

Case Number:	CM14-0108573		
Date Assigned:	08/01/2014	Date of Injury:	10/08/2007
Decision Date:	10/01/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61 year old man who sustained a work related injury on October 8 2007. Subsequently, he developed chronic back pain. According to a progress report dated on March 27 2014, the patient was treated with H wave therapy, physical therapy and TENS with some improvement. In another evaluation dated on June 6 2014, the patient had a temporary relief with medial branch blocks. His medications were Tramadol and Senokot with good tolerance except for constipation. His physical examination showed limited use of joint because of pain, stiffness and weakness. The patient was diagnosed with spondylosis, bilateral lumbosacral without myelopathy and bilateral facet syndrome. The provider requested authorization to perform RFA of L3-4. L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation (RFA) right L3-4, L4-5, L5-S1 facets with IV sedation and X-ray:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 301.

Decision rationale: The MTUS guidelines does not recommend more than 2 levels injected per session, the provider requested 3 levels to be injected in one session. Furthermore, the guidelines does not recommend the use of sedation unless anxiety. There is no documentation that the patient is suffering from anxiety. In addition, there is no rational behind using x ray for this procedure. Therefore, the request for Radiofrequency ablation (RFA) right L3-4, L4-5, L5-S1 facets with IV sedation and X-ray is not medically necessary.