

Case Number:	CM14-0011065		
Date Assigned:	02/21/2014	Date of Injury:	01/24/2012
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Neurological 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 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 injured worker is a 44-year-old male who was injured on January 24, 2012. The mechanism of injury is not specified. On December 24, 2013, the injured worker is documented as presenting with continued complaints of low back pain. The injured worker recently underwent diagnostic lumbar facet injections on December 17, 2013 reports 70% decrease in pain with those injections. Previous pain was 8-9/10 on the visual analog scale (VAS) and on this visit was 3/10 on the visual analog scale (VAS). The examination indicates the injured worker ambulates well and is alert, but no examination lumbar spine is performed. The utilization review in question was rendered on January 16, 2014. The reviewer partially certified the request for radiofrequency ablation bilaterally from L3-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L5 RADIOFREQUENCY ABLATION FLUOROSCOPIC GUIDANCE IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) and American College of Occupational and Environmental Medicine (ACOEM) offer no recommendation for or against the use of radiofrequency neurotomy for the treatment of select patients with low back pain. The Official Disability Guidelines (ODG) recommend no more than two joint levels be performed at one time. As this request exceeds the number of joint levels recommended, this request is considered not medically necessary.