

Case Number:	CM14-0014027		
Date Assigned:	02/21/2014	Date of Injury:	03/31/1998
Decision Date:	11/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 51 year old male who was injured on 03/31/1998. The mechanism of injury is unknown. Prior treatment history has included radiofrequency ablation of lumbar medial branch on the right at L3, L4, L5 and S1 on 08/12/2013. The patient has also had epidural steroid injection at L4-L5 and L5-S1 on 09/20/2013. 8/12/13 procedure note documented RFA of lumbar medial branches at right L3-4, L4-5, L5-S1. 8/12/13 note documented that right L345 RFA on 8/12/13 provided 60-70% pain relief that continues to last. 9/20/13 procedure note documented TFESI at left L4/5 & L5/S1. 9/24/13 note documented that 8/27/13 left L4, 5 TFE on 9/20/13 provided 70-75% pain relief. Requesting B/L L1, 2 MBB with possible RFA. 10/22/13 note states the lumbar MBB is pending IMR. Office note dated 01/14/2014 states the patient presented with complaints of chronic low back pain with bilateral leg radiculopathy, right greater than left. He reported numbness as well. Last RFA on left was done 2/2013. He rated his pain as an 8/10. On exam, he has limited range of motion of the lumbar spine secondary to facet pain. The patient is diagnosed with chronic low back pain, lumbar degenerative disk disease at multiple levels, myofascial pain/spasm; chronic neck pain, and osteoarthritis. He has been recommended for another radiofrequency ablation at Left L3, L4 and L5. Prior utilization review dated 01/28/2014 by [REDACTED] states the request for Radiofrequency Ablation Left at L3, 4, 5 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION LEFT AT L3, 4, 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY 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, facet joint radiofrequency neurotomy

Decision rationale: Guidelines state that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The medical record did not indicate that this is the case from the last RFA on left that was done 2/2013. The medical necessity is not established for this request.