

Case Number:	CM14-0114294		
Date Assigned:	08/01/2014	Date of Injury:	05/17/2012
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 Nevada. 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 records presented for review indicate that this 33 year-old individual was reportedly injured on May 17, 2012. After a thorough review of the medical records available, the mechanism was not made evident. The mechanism of injury is not disclosed. The most recent progress note, dated June 5, 2014 indicates that there are ongoing complaints of low back pain and lower extremity sensory changes. The physical examination demonstrated tenderness to palpation over the L5-S1 facet joints, a negative straight leg raise, and pain with facet joint loading. Motor and reflex evaluations were unremarkable. Diagnostic imaging studies objectified L5-S1 right neural foraminal narrowing with an annular disc tear and disc protrusion and a posterior subluxation of L5 upon S1. An x-ray of the lumbar spine in December 2009 was unremarkable. Previous treatment includes prior facet blocks on June 19, 2013 with 75% pain relief, lasting for one day. A request had been made for bilateral radiofrequency ablations at L5-S1 and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back Lumbar & Thoracic (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines Low Back Disorders; Clinical Measures - Radiofrequency; Facet Rhizotomy

Decision rationale: MTUS/ACOEM practice guidelines makes no recommendation for or against the use of radiofrequency ablation for patients with chronic back pain confirmed with diagnostic blocks, but without radiculopathy and who have failed conservative treatment. ODG requires specific criteria be met for the use of a facet joint radiofrequency to include diagnosis of facet joint pain using a medial branch block injection and evidence of a formal plan of additional evidence-based conservative care. Review of the available medical record fails to document failure of the appropriate conservative treatment, or a formal plan of additional evidence-based conservative care. As such, this request is not medically necessary.