

Case Number:	CM14-0139193		
Date Assigned:	09/05/2014	Date of Injury:	07/27/2011
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Practice 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:

54 year old female claimant sustained a work injury on 7/27/11 involving the low back. She was diagnosed with lumbar disc disease with radiculitis. She underwent a lumbar hemilaminotomy foraminotomy with bilateral decompression of L4-L5. A progress note on 3/6/14 indicated he claimant had intermittent back pain. Exam findings were notable for a staggered gait and reduced range of motion. Straight leg raise test was positive on the right. An MRI of the lumbar and sacrum was ordered to better assess the condition. An MRI of the lumbar spine was performed on 4/17/14 that showed bone edema in the L4-L5 region. Disc Bulging in L3-L5 and L5 radiculopathy. An MRI of the sacrum was performed on the same day showing edema with myositis in S1-S4 area with no osteomyelitis. She had undergone 2 epidural injections. An evaluation on 7/18/14 indicated similar exam findings and complaints of back pain. An subsequent request was made for CT and MRI of the lumbar and sacral region as well as radiofrequency ablation and sacral surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI and CT Scan of the Lumbar and Sacroiliac Joints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, a CT or MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. The claimant had an MRI 3 months prior. There were no new findings or red flag indications. The request above is not medically necessary.

Radiofrequency Ablation Surgery and Sacral Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines: Radiofrequency Ablation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar pain and radiofrequency ablation.

Decision rationale: According to the ACOEM guidelines, joint injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request therefore is not medically necessary for a sacral trigger point injection. According to the ODG guidelines, radiofrequency ablation is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Based on the lack of evidence and insufficient clinical indication, the ablation is not medically necessary.