

Case Number:	CM14-0169297		
Date Assigned:	10/17/2014	Date of Injury:	05/23/2013
Decision Date:	11/19/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine 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:

Patient is a 38 year-old female with date of injury 05/23/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/15/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation. Patient had no radicular pain. No sensory examination was documented. Diagnosis: 1. Displacement of lumbar disc without myelopathy 2. Lumbago 3. Degeneration of lumbosacral intervertebral disc 4. Lumbosacral spondylosis without myelopathy 5. Enthesopathy. MRI of the lumbar spine performed on 12/12/2013 was notable for evidence of transitional vertebral anatomy with partial sacralization of L5 and an associated exaggerated lower lumbar lordosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radio frequency ablation (RFA) at L3, L4, and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rhizotomy Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: Several criteria must be met prior to authorizing a radiofrequency ablation procedure. Medical record fails to document the following criteria: 1) No more than two joint levels are to be performed at one time. 2) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The request is for 3 level radiofrequency ablation, which seats the recommended member by the MTUS. Bilateral radio frequency ablation (RFA) at L3, L4, and L5 is not medically necessary.