

Case Number:	CM14-0171024		
Date Assigned:	10/23/2014	Date of Injury:	10/23/2007
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 57 year old female with date of injury of 10/23/2007. A review of the medical records indicates that the patient is undergoing treatment for lumbago and cervicgia. Subjective complaints include continued lower back pain and neck pain. Objective findings include limited range of motion of the cervical and lumbar spine with tenderness to palpation of the cervical and lumbar paraspinals. Treatment has included home exercise, Flexeril and Norco and several previous radiofrequency ablations including the most recent for L2-L5. The utilization review dated 10/9/2014 non-certified a second opinion on radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion referral for radio frequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic), Facet joint radiofrequency neurotomy

Decision rationale: The employee had a previous radiofrequency ablation L2-L5 in February 2014 and got 80% pain relief which lasted more than 6 months. The requested radiofrequency ablation is for L2-S1. The guidelines limit is to 2 levels. Additionally, there is no evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, the request for second opinion referral for radio frequency ablation is not medically necessary.