

Case Number:	CM14-0022186		
Date Assigned:	05/09/2014	Date of Injury:	11/28/2012
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 an 82-year-old; the date of injury was November 20, 2012. He has a history of low back pain. The patient has had lumbar ESI in July 2013. Patient has been diagnosed with bilateral radiculopathy more on the left lower extremity. Patient had physical therapy text of the treatment. The patient has bilateral L4-S1 medial branch blocks on December 20, 2013. At issue is whether radiofrequency ablation the lumbar spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 FACET RHIZOTOMY WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: This patient does not meet establish criteria for radiofrequency ablation. Specifically, Guidelines indicate that pain should be non radicular and limited to low back pain. This patient has radicular pain. Guidelines for radiofrequency ablation are not met because the

patient has radicular pain. The patient also has a diagnosis of radiculopathy. The request for Bilateral L4-S1 Facet Rhizotomy With [REDACTED] is not medically necessary.