

Case Number:	CM14-0025261		
Date Assigned:	03/03/2014	Date of Injury:	08/07/2007
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 a 48-year-old male with date of injury 08/07/2007. According to the treating physician's report 12/24/2013, the patient has bilateral low back pain, status post diagnostic right L4-L5 and right L5 S1 medial branch blocks with 50% improvement on the right side of the low back lasting 2 hours. The listed diagnoses include status post diagnostic right L4-L5-S1 medial branch blocks, positive diagnostic left medial branch block, positive diagnostic bilateral L4-L5 S1 facet joint medial branch block, facet arthropathy from L4 to S1, right paracentral disc protrusion at L5-S1, and 5-mm displacing the right S1 nerve root, etc. Treatment recommendation was for radiofrequency nerve ablation at the bilateral L4-L5-S1 given 50% improvement following the right side low back and previously successful diagnostic left L4-L5-S1 with 90% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY NERVE ABLATION (NEUROTOMY/RHIZOTOMY)'FLUOROSCOPICALLY GUIDED BILATERAL L4-L5 AND L5-S1 FACET JOINT: 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 OFFICIAL DISABILITY GUIDELINES (ODG), GUIDELINES ON RF ABLATION, LUMBAR SPINE

Decision rationale: This employee presents with chronic bilateral low back pain. The employee is status post right L4, L5, and S1 dorsal medial branch blocks from 08/29/213 with 50% reduction of pain. The treating physician has asked for bilateral L4-L5-S1 facet rhizotomy. The ODG Guidelines provide specific recommendations regarding radiofrequency ablation. It requires 70% or more reduction of pain for the duration of the anesthetic agent used from diagnostic dorsal medial branch blocks. The employee experienced only 50% reduction of pain which is short of the 70% required for a positive diagnostic response. Recommendation is for denial.