

Case Number:	CM14-0026815		
Date Assigned:	06/13/2014	Date of Injury:	08/10/2009
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 is a 69-year-old male who sustained an industrial injury on 08/10/2009 as result of an unknown mechanism of injury or circumstances. According to the physician progress reports dated 1/13/2014 and 01/17/2014, the patient's primary symptoms include left groin, buttock and anteriolateral leg pain and that he's status post hernia repair that became exacerbated 1 month prior. The patient apparently experienced constant severe burning, deep and stabbing pain that is worsened by long periods of sitting, standing bending and performance of activities of daily living that radiates into the left groin, buttock and down leg that is 7-9/10 over the previous month on the 1 to 10 VAS score with appreciable numbness. The patient has tried prescription analgesics that have provided mild relief and has a history of an inguinal block that obtained 50% relief. On exam, the patient has decreased sensation to light touch along the frontolateral left leg w/ noted 5/5 strength for the bilateral lower extremities. In dispute is request for Pulsed Radio Frequency Ablation with Ultrasound Guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULSED RADIO FREQUENCY ABLATION WITH ULTRASOUND GUIDANCE:

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), Hip & Pelvis chapter, Iliogingual Nerve Ablation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 102.

Decision rationale: Per the CA MTUS guidelines, this treatment modality is not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate.