

Case Number:	CM14-0030679		
Date Assigned:	06/20/2014	Date of Injury:	06/19/1996
Decision Date:	07/23/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 66 year old male whose date of injury is 06/19/1996. The mechanism of injury is described as being run over by a truck. He is status post L3 to L5 decompression and fusion in May 2010. He is status post radiofrequency ablation on the left at L3-4, L4-5 and L5-S1 on 11/07/13. He initially reported 80% pain relief. Follow-up note dated 01/16/14 indicates that the injured worker reported 20% pain relief. Note dated 03/17/14 indicates that the injured worker underwent a lumbar epidural steroid injection which helped him for a couple of weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar facet radiofrequency ablation: 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) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: Based on the clinical information provided, the request for lumbar facet radiofrequency ablation is not recommended as medically necessary. The submitted records indicate that the injured worker underwent prior 3 level radiofrequency ablation in November

2013. The Official Disability Guidelines require documentation of at least 12 weeks at 50% relief prior to repeat procedure which the submitted records fail to document. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). Additionally, the injured worker underwent a three level procedure which is not supported by ODG which notes that no more than two levels should be performed. The request is not medically necessary and appropriate.