

Case Number:	CM14-0032859		
Date Assigned:	06/20/2014	Date of Injury:	10/31/2012
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 Preventative 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:

The employee is 24 year-old male who sustained a back injury after slipping and falling at his work site. He has been diagnosed with L5-S1 lumbar disc degeneration (shown by MRI), lumbar radiculitis, lumbar facet joint disease, and lumbar strain/sprain. He pain has been treated with medications (Vicodin, Naproxen, Flexeril). He has completed a series of chiropractor treatments. He has also had two trials of diagnostic nerve blocks. He continues to have daily 5/10 pain and cannot perform his duties at work. The treating physician had asked for authorization for a lumbar RFA (radiofrequency ablation) l at L3, L4, and L5 which was denied by the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request: One (1) Lumbar Radiofrequency Ablation (RFA) at the bilateral Lumbar 3, Lumbar 4, and Lumbar 5 Medial Branch Nerves between 02/20/2014 and 04/06/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Worker's Compensation (Online Edition); Chapter: Low Back-Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint radio frequency neurotomy.

Decision rationale: The MTUS guidelines indicate that lumbar facet neurotomies produce mixed results for pain relief. Thus, they are not recommended as a pain treatment modality under those guidelines. The ODG indicates that a RFA should not be repeated unless the duration of relief from the medial branch block is documented for at least 12 weeks at 50 percent relief. The submitted medical records do not show this. Therefore, a lumbar RFA at L3, L4, and L5 is not medically necessary.