

Case Number:	CM14-0033172		
Date Assigned:	06/20/2014	Date of Injury:	07/08/2010
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 50-year-old male who was reportedly injured on July 8, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated December 10, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated an antalgic gait pattern, a requirement for a single point cane, a decrease in lumbar spine range of motion and tenderness to palpation over the facet joints at multiple levels. Motor function was noted as 4+/5. The diagnostic imaging studies reported multiple level degenerative disc disease and facet arthropathy. Previous treatment included epidural steroid injection and other pain treatments. A request was made for radiofrequency ablation at 3 levels and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT RADIOFREQUENCY ABLATION AT THE LEVEL OF L3-L4, L4-L5, AND L5-S1, BETWEEN 3/10/2014 AND 4/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8: Summary of Recommendations for evaluating and managing Low Back complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: A review of the literature does not support radiofrequency ablation at multiple levels. Furthermore, there is a component of lower extremity pain, and the issue of radiculopathy has not been ruled out. Therefore, when noting the parameters outlined in the California MTUS guidelines, with the physical examination findings, the date of injury and other degenerative changes, there is insufficient clinical information presented to support this request. As such, the request for right radiofrequency ablation at the levels of L3-L4, L4-L5, and L5-S1 is not medically necessary and appropriate.