

Case Number:	CM14-0035865		
Date Assigned:	06/23/2014	Date of Injury:	03/13/2006
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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 49 year old female whose date of injury is 03/13/06. The mechanism of injury is described as a slip and fall. History and physical dated 09/24/13 indicates that diagnoses are history of radiculitis, annular tear at L5-S1 disc, spondylosis, and lumbar facet arthropathy left sided at L2 and L3. Note dated 10/22/13 indicates that authorization was received for radiofrequency denervation on 10/15/13. History and physical dated 02/11/14 indicates that the injured worker was recommended to undergo radiofrequency denervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY AT LEFT L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 radiofrequency at left L4 is not recommended as medically necessary. The submitted records indicate that the injured worker was previously authorized to undergo radiofrequency procedure in October 2013.

It is unclear if this procedure was ever performed. There is no indication that the injured worker has undergone a recent diagnostic medial branch block as required by the Official Disability Guidelines. There is no current, detailed physical examination submitted for review.