MAXIMUS Federal Services

Case Number:	CM14-0037789		
Date Assigned:	06/25/2014	Date of Injury:	03/26/1997
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational Medicine 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 53 year old female who reported an injury to the low back on 03/26/97. The injured worker stated that the initial injury occurred due to attempting to move a large vault metal lid when the hinges gave way and the lid slid backwards. The clinical note dated 08/22/13 indicates the injured worker having previously undergone conservative treatments to include a course of physical therapy as well as multiple steroid injections and the use of pharmacological interventions. There is an indication the injured worker had undergone an MRI which revealed disc bulges at the L3 and L5 levels. The injured worker had undergone a discectomy at the L5 level in 1997. The injured worker had experienced low back pain as early as 2011. Repeat MRI scans revealed additional disc bulges at the L4 level. The injured worker also had complaints of numbness in the left foot. The clinical note dated 09/26/13 indicates the injured worker complaining of a sharp, dull, aching pain at the lumbar spine. Radiating pain was identified into the left leg with associated numbness at the left foot. The injured worker rated the pain as 10/10. The MRI of the lumbar spine dated 09/20/13 revealed the previous left sided hemilaminectomy at L4-5 and L5-S1. A slight progression was identified of the bilateral neuroforaminal stenosis, left greater than right at L5-S1. The procedural note dated 02/27/14 indicates the injured worker having undergone a radiofrequency ablation at L4, L5, and S1 on the right. The utilization review dated 03/26/14 resulted in a denial for a radiofrequency ablation at the L3 through L5 levels on the left as insufficient information had been submitted supporting the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation medial branches under fluoro left L3,L4,L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Facet joint radiofrequency neurotomy.

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: The documentation indicates the injured worker complaining of ongoing low back pain with radiating pain into the lower extremities with associated numbness in the left foot. Radiofrequency ablations are indicated provided the injured worker meets specific criteria to include ongoing low back pain that is non-radicular in nature and the injured worker has undergone a diagnostic medial branch block with a 70% reduction in pain. No information was submitted regarding the injured worker's previous diagnostic medial branch block. Additionally, the clinical notes indicate the injured worker having complaints of radiating pain into the lower extremities. Given these factors, this request for radiofrequency ablation of the medial branches under fluoroscopy on the left at L3, L4, and L5 is not medically necessary.