

Case Number:	CM14-0048738		
Date Assigned:	06/25/2014	Date of Injury:	03/26/1991
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 New York. 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 patient is a 70-year-old with a date of injury of March 6, 1991. He complains of chronic low back pain. The patient had previous radiofrequency ablation at bilateral L3-4, L4-5, and L5-S1 in March 2013 and reported 80% improvement of low back pain after the procedure. MRI lumbar spine from August 2000 and I showed multilevel degenerative changes with right neuroforaminal stenosis at L4-5 and bilateral neuroforaminal stenosis at L5-S1. Documented treatments include physical therapy, Botox injections, facet injections, and radiofrequency ablation. The patient takes Naprosyn and Ultram. At issue is whether additional radiofrequency ablation is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation bilateral L3-L4, L4-L5 and L5-S1 times 2 for a total of six.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter on Low Back Lumbar & Thoracic (acute & chronic): Facet joint diagnostic block (injections).

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.

Decision rationale: This patient does not meet establish criteria for radiofrequency ablation at multiple levels. Specifically, guidelines state that no more than two joint levels of preformed at one time. In addition, guidelines indicate that the patient must have at least 50% pain relief for 6 months duration with previous neurotomy treatment. In this case, the patient is documented as seating 80% relief but no duration is listed for the amount of time of relief of pain. The medical records do not support establish criteria for repeat radiofrequency ablation at this time. Criteria for repeat radiofrequency ablation are not met. The request for Radiofrequency ablation bilateral L3-L4, L4-L5 and L5-S1, twice at each area for a total of six, is not medically necessary or appropriate.