

Case Number:	CM14-0050785		
Date Assigned:	07/07/2014	Date of Injury:	11/14/2002
Decision Date:	08/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 70 year old male with an injury date on 11/14/2002. Based on the 01/10/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar Facet Syndrome R>L, L5-S1 2. SI joint dysfunction, R>L 3. Lumbar central stenosis 4. Failed back syndrome, s/p SCS implant. According to this report, the patient complains of low back and lower extremity pain. The patient had a RFA at L5-S2 in August of 2013 and reported significant pain relief for approximately 4 months. The pain remains constant and is described as aching, sharp, stabbing, shooting and tingling. The patient rated the pain as a 6/10 today, a change from 8/10. There were no other significant findings noted on this report. [REDACTED] is requesting a repeat right sacral radiofrequency at L5 to S3. The utilization review denied the request on 02/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/01/2013 to 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT SACRAL RADIOFREQUENCY AT L5-S3 RIGHT SIDE FIRST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Hip and Pelvic.

Decision rationale: According to the 01/10/2014 report by [REDACTED] this patient presents with low back and lower extremity pain. The treater is requesting a repeat right sacral radiofrequency at L5 to S3. The UR denial letter states submitted records indicates that the patient does not meet the guidelines criteria for a repeat radiofrequency neurotomy. For SI joint RF ablation, the area covered by L5-S3 dorsal medial branches, ODG guidelines simply do not support it due to lack of evidence that RF ablation of the SI joints are helpful. Regardless of the patient's response to prior RF ablation, the current request is not supported by the ODG guidelines and is therefore not medically necessary.