

Case Number:	CM14-0058910		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2001
Decision Date:	09/12/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/29/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 47-year-old individual with an original date of injury of April 22, 2001. The injured worker carries a diagnosis of neck pain, chronic low back pain, lumbar facet arthropathy, myofascial strain, and referred pain in the lower extremities. The patient has undergone a stable posterior fusion at the L5-S1 level, and this is confirmed in a lumbar MRI performed on May 22, 2013. Electrodiagnostic studies are negative for lumbosacral radiculopathy as performed on November 13, 2011. The disputed issue is a request for repeat radiofrequency ablation at the bilateral L3, L4, and L5 levels. A utilization review determination has specified that a repeat radiofrequency ablation at L3, L4, and L5 is non-certified due to a lack of repeat medial branch diagnostic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat radiofrequency ablation at L3, L4 and L5 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, web, 2012: Low Back - Facet joint radiofrequency neurotomy Under study.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Radiofrequency ablation.

Decision rationale: In the case of this injured worker, a progress note on November 5, 2013 indicates that the patient underwent a radiofrequency ablation in October 2012 and the patient felt that the symptoms became worse in the left leg. The guidelines recommend a benefit of at least 12 weeks for greater than 50% relief in order to have a repeat radiofrequency ablation. Given this documentation, the request for repeat radiofrequency ablation is not medically necessary, per MTUS and ODG guidelines.