

Case Number:	CM14-0060052		
Date Assigned:	07/09/2014	Date of Injury:	10/01/2007
Decision Date:	08/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 records presented for review indicate that this 52 year-old individual was reportedly injured on 10/1/2007. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 4/8/2014 indicates that there are ongoing complaints of right shoulder and low back pain. The physical examination demonstrated neck, bilateral shoulders, wrists, low back and hips reveal no acute distress and no gross abnormalities on neurological exam. And normal affect. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, epidural steroid injection and medications. A request had been made for radiofrequency ablation at L3-L4, and L5. And was not certified in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation at L3, L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Radiofrequency Neurotomy.

MAXIMUS 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) Low Back chapter, Facet joint radiofrequency neurotomy, Facet joint medial branch blocks.

Decision rationale: Per page 300 of the ACOEM Guidelines, lumbar facet neurotomies and differential medial branch blocks may be used for patients with low back pain. The Official Disability Guidelines provide equivocal support for medial branch blocks followed by radiofrequency ablation. The Official Disability Guidelines provides specific recommendations for performance of medial branch blocks. The procedure performed in this case was not consistent with the recommendations of the guidelines. Specific documentation of acute pain relief and improved function is required. No sedation should be used. The injectate should not be more than 0.5 cc per level. No home pain medications should be used prior to the procedure. No more than two levels should be injected. The treating physicians did not comply with any of these recommendations so the medial branch blocks were not sufficient as a basis for performing a radiofrequency ablation. The radiofrequency ablation now requested does not specify a side. The requested radiofrequency ablation is therefore not medically necessary.