

Case Number:	CM14-0063814		
Date Assigned:	07/11/2014	Date of Injury:	05/30/2013
Decision Date:	09/23/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 53-year-old female who reported an injury on 05/30/2013 due to a slip and fall. On 04/04/2014, the injured worker presented with persistent low back pain. Upon examination, there was pain to palpation of the lumbar spine with no palpable tightness. There was pain elicited with range of motion, 2+ deep tendon reflexes and a negative straight leg raise. The diagnoses were sprain/strain of the lumbar region resolving slowly, strain of the thoracic region resolved, and sprain/strain of the cervical spine resolved. Prior treatment included medications, a left hip replacement, a bilateral carpal tunnel release, and acupuncture treatments. The provider recommended a radiofrequency ablation. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 300.

Decision rationale: The California/ACOEM Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. The provided medical documentation lacked evidence of a complete and adequate pain assessment of the injured worker provided current objective functional deficits. Additionally, the provider's request for a radiofrequency ablation does not indicate the site that the radiofrequency ablation is indicated for in the request as submitted. As such, the request is not medically necessary.