

Case Number:	CM14-0064497		
Date Assigned:	07/11/2014	Date of Injury:	04/16/1986
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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 and is licensed to practice in Nevada. 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 3 year-old individual was reportedly injured on 4/16/1986. The mechanism of injury is not listed. The most recent progress note, dated 7/10/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation across low back, bilateral lower lumbar paraspinal muscles, L3-L5 spinous processes. Bilateral facet loading test is positive. EMG/nerve conduction study bilateral upper extremity dated 3/3/2014 reveals left carpal tunnel syndrome. Previous treatment includes medications, injections, and conservative treatment. A request had been made for radiofrequency ablation of the lumbar spine at L3 L4, L4-L5, and L5-S1, and was not certified in the pre-authorization process on 4/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation Bilateral: L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: There is no recommendation for or against the use of radiofrequency neurotomy, neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. "Patients with chronic low back pain without radiculopathy who failed conservative treatments and who have had a confirmed diagnosis by medial branch block. One procedure might be tried after failure of non-invasive treatments including NSAIDs and a quality exercise program or as a means to help with participation in an active rehabilitation program. There is no recommendation for repeated procedures. It is reasonable to attempt a second lesion after 26 weeks in patients who had greater than 50% improvement in pain from first procedure for the first 8 weeks with a late return of pain. (Lord 96) There is no recommendation for a third or for additional procedures. After review of medical records provided is noted the patient has had previous injections in the past, however there is no definitive documentation of the response to include improvement in function or decrease in pain from the injection. Therefore this request is deemed not medically necessary.