

Case Number:	CM14-0082298		
Date Assigned:	07/21/2014	Date of Injury:	07/26/2013
Decision Date:	08/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 7/26/2013. The diagnoses are low back pain and bilateral hips pain, right trochanter bursitis. The magnetic resonance imaging (MRI) of the lumbar spine showed multilevel degenerative disc disease, L4-L5 spondylosis and neural foraminal stenosis. On 6/4/2014, it was noted that the lumbar radicular pain occurs only intermittently. The pain was located mostly in the lower back facet areas and right hip area. The patient has a pending right total hip arthroplasty surgery with post-operative physical therapy. On 4/2/2014, [REDACTED] noted that the pain score decreased from 8-9/10 to 2/10 following lumbar facet median branch blocks by [REDACTED]. There was a reduction in medications utilization. The medications are ibuprofen and Medrol dosepak for pain. A Utilization Review determination was rendered on 5/1/2014 recommending non certification for radiofrequency ablation of the L4-L5 and Pain Management for radiofrequency ablation and hip injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management for radiofrequency and hip injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) did not address the use of facet injections and radiofrequency ablation in the treatment of low back pain of facet origin. The Official Disability Guidelines (ODG) recommends radiofrequency ablation / rhizotomy procedures for patients who reported significant pain relief with increase in activities for daily living (ADL) and reduction in medication utilization following diagnostic facet injections. The record indicates that the low back pain is mainly of facets and right hip etiology. The low back pain is only intermittently radicular. The patient reported reduction in pain scores from 8-9/10 to 2/10 following diagnostic facet blocks. The criteria for Pain Management for L4-L5 facet radiofrequency ablation and hip injection was met.