

Case Number:	CM14-0083229		
Date Assigned:	07/21/2014	Date of Injury:	08/15/2012
Decision Date:	10/10/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 records presented for review indicate that this 75-year-old gentleman was reportedly injured on August 15, 2012. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Current medications include Trazodone and Lorzone. The physical examination demonstrated intact sensation to all the dermatomes of the lower extremities and tenderness of the right sacroiliac joints. Diagnostic imaging studies of the lumbar spine revealed disc herniation at L2 - L3 and L5 - S1 as well as facet hypertrophy at these levels. Previous treatment includes an L3 - L4 medial branch block, an L3-L5 review branch radiofrequency ablation, physical therapy, the use of a TENS unit, and oral medications. A request had been made for a left-sided L3 - L4 medial branch radiofrequency ablation with fluoroscopic guidance and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 medial branch radiofrequency with fluoroscopic guidance.: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: According to the Official Disability Guidelines a neurotomy may be repeated if the first procedures documented to have pain relief of at least 50% for at least 12 weeks' time. A review of the available medical record indicates that the injured employee has had a prior left sided radiofrequency ablation from L3-L5 with 50% pain relief for about eight months' time. Considering this, a repeat left-sided medial branch radiofrequency ablation at L3 - L4 is medically necessary.