

Case Number:	CM14-0187663		
Date Assigned:	11/17/2014	Date of Injury:	04/18/2000
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 is 65 years old. The patient has chronic low back pain. The patient had a previous radiofrequency ablation in 2011. The medical records indicate that the patient did get relief from the previous RFA procedure. On physical examination the patient has tenderness to palpation of the lumbar spine and pain on extension. Patient has had epidural steroid injections at L4 and L5. On physical examination lumbar range of motion is diminished. Motor strength is 5 out of 5 in the bilateral lower extremities. There is decreased sensation in the hands and feet. At issue is whether additional radiofrequency ablation is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L4, L4-L5, L5-S1 MEDIAL RFA RHIZOTOMIES UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter

Decision rationale: This patient does not meet establish criteria for repeat radiofrequency ablation procedure. The medical records indicate that the patient had almost a complete your fully from previous RFA treatment. However the medical records do not document specific extent of the pain relief. There is no visual analog scale noted. In addition Official Disability Guidelines (ODG) criteria indicate that no more than 2 joint levels are to be injected at one time. The current request is for 3 levels a radial for to see ablation. This exceeds the recommended number levels in one setting. Three levels of RFA ablation not medically necessary.