

Case Number:	CM14-0201843		
Date Assigned:	12/12/2014	Date of Injury:	02/23/2007
Decision Date:	01/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 54-year-old injured worker who sustained a work-related injury on February 25, 2007. Subsequently, the patient developed a chronic back and knee pain. According to a progress report dated on October 20 14, the patient was complaining of ongoing chronic back pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion . The patient was diagnosed with post-arthritis and disc bulging of the lumbar spine. The provider requested authorization for lumbar radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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, Lumbar Spine, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints. Page(s): 300-301.

Decision rationale: According to MTUS guidelines, 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no clear objective documentation that the lumbar facets are the main pain generator. Therefore, Lumbar radiofrequency ablation is not medically necessary.