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| Case Number: | CM14-0207864 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 08/15/2005 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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 62-year-old male with a date of injury of August 15, 2005. The patient is chronic back pain. The patient has had L3 and L4 laminectomy surgery. The patient continues to have chronic low back pain despite conservative measures to include medications. The patient is a previous lumbar epidural steroid injection was 60% improvement. On physical examination the patient has reduced range of lumbar motion and tenderness to the lumbar spine palpation of facet joint at L4-5 and L5-S1. The patient also complains of pain that radiates down the left lower extremity that has been worsening for several years. The patient takes narcotics for pain. Diagnoses include lumbar disc degeneration. MRI from November 2014 shows L3-4 moderate canal stenosis L4-5 mild stenosis at multiple levels of lumbar degenerative changes. At issue is whether 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:

Right Lumbar Radiofrequency Ablation L4-5, L5-S1, fluoroscopy, conscious sedation:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for the use of diagnostic blocks for facet mediated pain

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 chapter

Decision rationale: This patient does not meet criteria for radiofrequency ablation. Specifically, ODG criteria indicate that radicular leg pain is a relative contraindication to radiofrequency ablation therapy. This patient clearly reports radicular leg pain for the past several years. Since this patient has radicular leg pain, then radiofrequency ablation is not medically necessary.