

Case Number:	CM14-0212306		
Date Assigned:	01/02/2015	Date of Injury:	08/06/2012
Decision Date:	02/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 yr. old female claimant sustained a work injury on 8/6/12 involving the low back. She was diagnosed lumbar disc disease and had undergone facet blocks in the past as well as Radiofrequency ablation in May 2014. A progress note on 9/25/14 indicated the claimant had 8/10 pain without medication and 4/10 pain with medication. Exam findings were notable for an antalgic gait, tenderness in the gluteal region and decreased sensation in the right leg. The physician continued her Percocet, Robaxin, Lyrica, and requested another RF ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain.

Decision rationale: According to the ACOEM guidelines, invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The ODG guidelines indicate ablations should not occur within 6 month intervals and it is still under research. In this case, the claimant had received prior RF ablation treatments without functional documentation of pain response or functional improvement. Information regarding specific anatomic sites is also unknown. The request for another radiofrequency ablation is not medically necessary.