

Case Number:	CM15-0049900		
Date Assigned:	03/23/2015	Date of Injury:	10/15/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of October 15, 2014. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve a request for a lumbar radiofrequency ablation procedure. The applicant's attorney subsequently appealed. In a progress note dated February 26, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg, highly variable, 5-9/10. The applicant was using Neurontin for pain relief. The attending provider placed the applicant off of work, on total temporary disability, but nevertheless maintained that an earlier facet block had been beneficial, it was suggested in one section of the note. In another section of the note, it was stated that the earlier facet block had produced no lasting benefit. Mobic and Neurontin were renewed while a lumbar radiofrequency ablation procedure was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of the right L5-S1: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: No, the request for a lumbar radiofrequency ablation procedure at L5-S1 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomy procedure/ radiofrequency ablation procedure should be performed only after appropriate investigation involving diagnostic medial branch blocks, in this case, however, the applicant's presentation was suggestive of an active lumbar radicular process. The applicant reported ongoing complaints of low back pain radiating into right leg as of the February 2015 office visit in which the article in question was proposed. The applicant was using Neurontin at that point in time, again presumably for radicular pain. As the treating provider himself acknowledged, moreover, the applicant's response to an earlier diagnostic facet block was, furthermore, not seemingly successful. Therefore, the request was not medically necessary.