

Case Number:	CM15-0054021		
Date Assigned:	03/27/2015	Date of Injury:	05/21/2004
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker (IW) is a 53-year-old male who sustained an industrial injury on 05/21/2004. Diagnoses include sacral pain and lumbar pain. Treatment to date has included medications, epidural steroid injections (ESI), physical therapy, radiofrequency nerve ablations and back surgery. Diagnostics performed to date included electrodiagnostic studies and MRIs. According to the progress notes dated 1/14/15, the Injured Worker reported continued low back pain with associated muscle spasms. He continued to request RFAs due to his previous successful experience with them. A request was made for radiofrequency ablation of the right sacroiliac joint and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) radiofrequency ablation to the right sacroiliac joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain chapter.

Decision rationale: This 53 year old male has complained of low back pain since date of injury 5/21/04. He has been treated with medications, lumbar spine surgery, epidural steroid injections, physical therapy and radiofrequency ablation. The current request is for one radiofrequency ablation to the right sacroiliac joint. Per the ODG guidelines cited above, lumbar radiofrequency therapy is not recommended for the treatment of lower back pain. On the basis of the ODG guidelines, radiofrequency ablation to the right sacroiliac joint is not medically necessary.

One (1) lumbar spine MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This 53 year old male has complained of low back pain since date of injury 5/21/04. He has been treated with medications, lumbar spine surgery, epidural steroid injections, physical therapy and radiofrequency ablation. The current request is for lumbar spine MRI. The available provider notes do not contain changes on physical examination which would warrant an MRI of the lumbar spine at this time and there is no documentation of any new trauma or incident to warrant repeat imaging. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the lumbar spine is not medically necessary.