

Case Number:	CM13-0032043		
Date Assigned:	12/04/2013	Date of Injury:	06/14/2011
Decision Date:	02/20/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. 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 physician 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 53-year-old male who reported an injury on 06/14/2011 due to repetitive trauma while performing normal job duties that reportedly caused injury to the low back and bilateral knees. The patient was conservatively treated with physical therapy, acupuncture and medications. The patient's pain persisted and medial branch blocks at the L3-4, L4-5, and L5-S1 levels were provided. The patient had 75% pain relief as a result of those diagnostic blocks. The patient's most recent clinical examination findings included tenderness to palpation in the lumbosacral musculature and over the lumbar spinous process with restricted range of motion secondary to pain. The patient had positive lumbar facet compression test. The patient's diagnoses included lumbar facet arthropathies, status post facet medial branch blocks, and lumbar radiculopathy. The patient's treatment plan included radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Left L3-S1 Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Updated 5/10/13) Low Back Chapter, Facet Joint Radiofrequency Neurotomy.

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The requested left L3-S1 radiofrequency ablation is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient had 75% pain relief as a result of the medial branch blocks at the requested levels. Official Disability Guidelines recommend facet joint radiofrequency neurotomies when there is at least 70% pain relief and increased functional benefit as a result of a medial branch block. Although the documentation does support that the patient had 75% pain relief, there is no documentation of functional benefit related to that pain relief. As such, the requested left L3-S1 radiofrequency ablation is not medically necessary or appropriate.