

Case Number:	CM14-0125744		
Date Assigned:	08/13/2014	Date of Injury:	08/27/2008
Decision Date:	10/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 a 58 year old with an injury date on 8/27/08. Patient complains of improved lower back pain rated 4/10 per 7/18/14 report. After 7/14/14 diagnostic median branch nerve injection at bilateral L4, L5, S1, patient's pain went almost to zero for 6 hours after procedure "with more than 70% relief," although pain has returned to a level somewhat below baseline. Based on the 7/14/18 progress report provided by [REDACTED] the diagnoses are: 1. myofascial pain syndrome 2. lumbar degenerative disc disease 3. lumbar spondylosis Exam on 7/14/18 showed "L-spine range of motion: improvement of pain with forward bending and worsening with extension/lateral twisting." [REDACTED] is requesting bilateral L4-5, L5-S1 radio frequency ablation under IV sedation. The utilization review determination being challenged is dated 7/31/14 and denies request due to lack of documentation (no sensory exam, no improved function, no increased range of motion). [REDACTED] is the requesting provider, and he provided treatment reports from 5/23/14 to 7/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 radiofrequency ablation under IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG guidelines, low back

Decision rationale: This patient presents with lower back pain. The treater has asked for bilateral L4-5, L5-S1 radio frequency ablation under IV sedation on 7/14/18. For radio frequency neurotomy of L-spine, ACOEM states that it gives mixed results, and ODG recommends on a case-by-case basis, after a positive response to a facet diagnostic block. In this case, the patient had a positive response of 70% pain improvement from prior diagnostic block. The requested bilateral L4-5, L5-S1 radio frequency ablation under IV sedation appears reasonable for this patient's condition. Recommendation is for authorization.