

Case Number:	CM14-0128738		
Date Assigned:	09/22/2014	Date of Injury:	07/14/2013
Decision Date:	10/27/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Note 04/15/14 from treating provider indicates report of pain in the low back following lifting object. Pain radiates down the bilateral anterior legs with reported numbness to the knee. Medications include Norco, Cyclobenzaprine, Ketoprofen, Nizatidine. Examination reports decreased range of motion in flexion, extension, lateral rotation, lateral bending with increase in concordant pain in all planes. Motor strength was 5/5. There was decreased light touch to pinprick, temperature along L4-S1 dermatome in the right lower extremity. Straight leg raise was positive on the right for radicular symptoms. 07/28/14 indicates followup reporting ongoing pain. The insured was reported to be status post bilateral L3, L4, L5 medial branch blocks with almost 100% relief for half a day following the injection but then the pain returned to previous levels. A radiofrequency ablation was requested. Examination reported decreased flexion, extension, lateral rotation, lateral bending with increase in concordant pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch radiofrequency ablation bil L3, 4, 5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, facet

joint radiofrequency neurotomy Under study.

Decision rationale: The request is medically necessary. The medical records support that the insured has facet mediated pain by examination demonstrated by pain on extension and lateral rotation. The insured had a positive diagnostic block of the medial branches with greater than 70% improvement for duration of anesthetic meeting ODG criteria for a positive response in support of doing RFA.