

Case Number:	CM14-0133185		
Date Assigned:	08/22/2014	Date of Injury:	10/18/2009
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 and is licensed to practice in 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 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:

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 10-26-00. The claimant has a diagnosis of lumbar disc disease and radiculopathy. The claimant had a right hip replacement performed in 2005, lumbar decompression surgery in 2004. On 4-22-14, the claimant underwent a transforaminal epidural steroid injection at L3-L4. Office visit on 8-4-14 notes the claimant has neck pain and low back pain. It is noted the claimant had bilateral L3, L4 and L5 RFA on 6-9-09 with nearly complete pain relief. The claimant has recently had physical therapy and massage. The claimant is interested in acupuncture. The claimant requested surgical consultation due to increased pain down his legs. He has some bout of urinary and bowel incontinence for the past several months. On exam, the claimant had restricted range of motion of the lumbar spine, muscle spasms, positive facet loading test, SLR is negative. Motor testing is 5/5 in the lower extremities; sensation is decreased at the L4, L5 and S1 dermatomes on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation @ L4, L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy Under Study

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 blocks

Decision rationale: ODG reflects that in order to perform facet blocks, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. This claimant reports worsening of bilateral leg pain and He has some bout of urinary and bowel incontinence for the past several months. Prior RFA noted to be in 2009 with almost complete pain relief. However, duration of pain relief not provided. Based on the records provided, particularly with the concern for radiculopathy, the medical necessity of this request is not established.