

Case Number:	CM14-0142363		
Date Assigned:	09/12/2014	Date of Injury:	01/13/2014
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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 application for independent medical review was signed on September 3, 2014. It was for OSC block radiofrequency ablation of facet joints on the left. Per the records provided, the claimant was a 41-year-old female born in 1972 and injured on January 13, 2014. She fell backwards and injured the low back. She has persistent low back pain. She was diagnosed with a left sciatic nerve injury. There is chronic radicular low back pain. She does not have documented evidence of clear facet mediated symptoms. It appears she has rather radicular left leg pain. There is mention on July 10, 2014 of a left sciatic nerve block under ultrasound guidance. She tolerated the procedure well. The diagnosis was left sciatic nerve traumatic injury from a fall. They will obtain an electromyography (EMG). She will benefit from future physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OSC block radio frequency ablation of facet joint left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC), Integrated Treatment / Disability Duration Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic), (updated 8/22/2014), 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, Radiofrequency Ablation

Decision rationale: The Official Disability Guidelines (ODG) supports the following medial branch block procedure. It is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. This patient's pain, however, is shown repeatedly to be radicular in nature. The guides would not support medial branch blocks for radicular pain or ablation of such nerves. The request is not medically necessary and appropriate.