

Case Number:	CM14-0165918		
Date Assigned:	10/13/2014	Date of Injury:	01/13/1998
Decision Date:	11/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 61 year old with an injury date on 1/13/98. Patient complains of moderate low lumbar pain that is "knife-like" and accompanied with headaches per 9/16/14 report. Patient states that movement and medications help the pain, as do the radiofrequency lesioning per 9/16/14 report. Based on the 9/16/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar disc degeneration, 2. Lumbago. Exam on 9/16/14 showed "L-spine range of motion restricted, particularly extension which is 5/25 degrees." Patient's treatment history includes left hip replacement in 1998, epidural steroid injection, and radiofrequency rhizotomies with good benefit. [REDACTED] requesting decision for 1 bilateral L5-S1 radio frequency denervation and decision for 1 followed one week later by bilateral L5-S1 facet radio frequency denervation. The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/28/13 to 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L5-S1 radiofrequency denervation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ACOEM chapter:7, p127 Official Disability Guidelines (ODG) Hip chapter, for Sacroiliac joint radio frequency neurotomy, L-spine, RF ablation

Decision rationale: This patient presents with lower back pain. The treater has asked for decision for 1 bilateral L5-S1 radio frequency denervation on 9/16/14. Patient had radiofrequency rhizotomies at L3-4, L4-5 and L5-S1 that helped 75% for six months (on the right side on 2/14/14, on the left side on 2/7/14). For radio frequency neurotomy of L-spine, ACOEM gives mixed results, and ODG recommends repeat RF if there has been significant VAS reduction, medication reduction and functional improvement. In this case, the patient's prior RFA resulted in 75% reduction of pain but there is no documentation of ADL changes and pain medication reduction to show functional improvement. ODG guidelines require not only pain reduction lasting at least 3 months but also functional improvement. Recommendation is for denial.