

Case Number:	CM14-0042057		
Date Assigned:	06/30/2014	Date of Injury:	08/04/2011
Decision Date:	09/16/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 35 year old male with date of injury 8/4/2011. The exact mechanism of the original injury was not clearly described. A progress report dated 3/19/14 noted subjective complaints of lower back pain radiating into the left foot. Objective findings included paraspinal tenderness and positive facet stress test. Sensation, motor, and reflexes were intact bilaterally. MRI of the lumbar spine 1/15/13 revealed spondylosis with epidural fat causing moderate effacement of the thecal sac at the L5-S1 level. Diagnostic Impression: Lumbar disc displacement, lumbar strain. Treatment to Date: Medication management. A UR decision dated 3/31/14 denied the request for radiofrequency ablation. RFA is not medically necessary until results of the approved medial branch blocks are received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation (RFA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, the patient has not yet undergone the appropriate diagnostic medial branch blocks. Only with a positive medial branch block would RFA neurotomy then be considered as a treatment modality. Therefore, the request for radiofrequency ablation (RFA) was not medically necessary