

Case Number:	CM14-0210873		
Date Assigned:	12/23/2014	Date of Injury:	08/06/2003
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 56 year-old male. The patient's date of injury is 8/6/2003. The mechanism of injury is not stated. The patient has been diagnosed with low back pain, degenerative disc disease, facet disease, sciatica and knee pain. The patient's treatments have included epidural injections, total knee replacement surgery, TENS units, modified duty, and medications. The physical exam findings dated 8/5/2014 states the paraspinal muscles palpated were soft and supple, with palpable trigger points and pain in the sacrum was noted. The range of motion was full and intact with pain at the end of hyperextension. The deep tendon reflexes were measured at 2/4 with normal motor strength. The patient's medications have included, but are not limited to, Norco and Soma. The request is for bilateral facet radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet radiofrequency ablation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), guidelines low back chapter, Radiofrequency Ablation (facet ablation)

Decision rationale: Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for bilateral facet radiofrequency ablation. The clinical documents state that the patient has met the current criteria for ablation. According to the clinical documentation provided and current guidelines; bilateral facet radiofrequency ablation is indicated as a medical necessity to the patient at this time.