

Case Number:	CM15-0079751		
Date Assigned:	04/30/2015	Date of Injury:	05/21/2014
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: California, North Carolina
 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 injured worker is a 33-year-old male, who sustained an industrial injury on 5/21/2014. Diagnoses include degeneration of lumbar intervertebral disc, lumbar spondylosis, radicular syndrome of lower limbs and sacroiliac joint pain. Treatment to date has included diagnostics, medications and injections. Per the Primary Treating Physician's Progress Report dated 3/09/2015, the injured worker reported sharp, low back pain, rated as 9/10. He reports shooting pain down the bilateral legs with left worse than right. Physical examination of the lumbar spine revealed range of motion to forward flexion 40 degrees, extension to 15 degrees and side bending to 20 degrees to the right and left. There was tenderness to palpation over the bilateral lumbar paraspinal muscles, left greater than right. There was mild spinous process tenderness though no masses palpable along the lumbar spine. The plan of care included, and authorization was requested for radiofrequency ablation at L4-5 and L5-S1 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

One radiofrequency ablation at the L4-L5 and L5-S1 facet joints: 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 Page(s): 300-301.

Decision rationale: The request is for radio frequency ablation (RFA) to the lumbar spine. While RFA is supported by the medical literature for the cervical spine, similar evidence does not exist in regards to the lumbar spine. According to the claimant's records submitted, he received greater than 50% relief for greater than 8 hours from a previous diagnostic medial branch block. Guidelines require a response of at least 70%. Coupled with a lack of established efficacy in the lumbar spine, this request for RFA is deemed not medically necessary.