
Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0019283	Date of Injury:	06/16/2009
Claims Number:	██████████	UR Denial Date:	08/02/2013
Priority:	STANDARD	Application Received:	09/03/2013
Employee Name:	████████████████████		
Provider Name:	████████████████████ M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
RADIOFREQUENCY ABLATION LILATERAL L5-S1 FACET JOINTS			

DEAR ██

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 33-year-old male who reported an injury on 06/16/2009 while lifting a heavy cable and forming a twisting motion. The patient was treated conservatively with medications and physical therapy. The patient underwent an MRI that showed a posterior subluxation of L5 upon S1 and a 3 mm disc extrusion to the right and a 3 mm protrusion on the left. The patient underwent medial branch blocks at the L5-S1 levels. It was noted that the patient received 75% pain relief from this procedure. It was noted that the pain relief lasted for 1 day. The patient continued to have back pain rated at an 8/10 and radiating into the bilateral lower extremities. Physical findings included a straight leg raise test negative bilaterally, 5/5 strength in the bilateral lower extremities and normal and symmetrical lower extremity reflexes. The patient's treatment plan included radiofrequency ablation.

IMR DECISION(S) AND RATIONALE(S)

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

1. A radiofrequency ablation of the bilateral L5-S1 facet joints is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, which is not a part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the ODG, Low Back Chapter, Facet Joint radiofrequency neurotomy.

The Physician Reviewer's decision rationale:

The medical records provided for review show that the employee underwent a medial branch block that provided 75% pain relief for 1 day. The California MTUS does not address radiofrequency ablation. The ODG indicate that radiofrequency ablation is appropriate when there has been a positive response to a medial branch block. The ODG define a positive response to a medial branch block as initial pain relief of 70% or more plus sustained pain relief of at least 50% for a duration of 6 weeks. The clinical documentation submitted for review does provide evidence that the employee initially had 75% pain relief. However, this pain relief was not sustained and only lasted for 1 day. Therefore, facet joint radiofrequency neurotomy would not be supported. **The request for radiofrequency ablation of the facet joints is not medically necessary and appropriate.**

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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