

<b>Case Number:</b>	CM13-0002683		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/11/1989
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records indicate that the patient is a 68-year-old claimant, who sustained an injury in October, 1989. The current diagnosis listed is lumbosacral spondylosis without myelopathy. The progress note from April, 2013 noted increasing low back and buttock pain. MRI studies revealed a spinal stenosis secondary to ligamentum flavum hypertrophy. The medication list includes Hydrocodone and Alprazolam. The vital signs note this 6'4", 205 pound individual to be normotensive. The lumbar pain was reproduced with extension. The clinical assessment is post laminectomy syndrome and a lumbosacral radiculitis. A previous lumbar MRI dated November, 2011 noted a retrolisthesis at L3/L4 with preservation of the vertebral body height. A Schmorl's node is reported. A previous medial branch block less approximately 2 hours the duration of the local anesthetic. A previous progress note indicates an epidural steroid injection had been attempted. Bilateral radiofrequency ablation at L2, 3, 4, 5 has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL RADIOFREQUENCY ABLATION AT L2, 3, 4, 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** The MTUS/ACOEM Guidelines note that such injections are not recommended for the treatment low back disorders. There is no literature support for such an intervention. Furthermore, such injections are limited to no more than 2 levels and this request is noted is to be 4 levels. Additionally, as outlined in the enhanced imaging studies the pathology is related to ligamentum flavum hypertrophy and not facet joint disease. Lastly, the only noted efficacy was the local anesthetic and that the response to the steroid insertion. Therefore, based on the records presented for review, there is insufficient data presented to support this request. The request for bilateral radiofrequency ablation at L2, 3, 4, 5 is not medically necessary and appropriate.