

<b>Case Number:</b>	CM13-0014984		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Ohio and Texas. 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. 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 patient is a 31-year-old male who reported an injury on 08/23/2011, due to a twisting motion during baton training causing a pinch in his low back. The patient was treated conservatively with physical therapy and medications. The patient underwent a magnetic resonance imaging (MRI) that revealed lumbar spondylosis at L5-S1 and right retrolisthesis. The patient continued to be treated conservatively with physical therapy, a TENS unit, and medications. The patient underwent a right-sided medial branch block at L4-5 and L5-S1 that provided 65% pain relief for approximately 2 weeks. This was followed by radiofrequency ablation at the same levels that provided significant benefit. The patient had persistent pain complaints in the left lower lumbar region. There were no recent exam findings submitted for this review. The patient's treatment plan included a left-sided radiofrequency ablation at L4-5 and L5-S1 facet levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left-sided L4-5 radiofrequency ablation QTY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The requested left-sided L4-5 radiofrequency ablation is not medically necessary or appropriate. The clinical documentation does indicate the employee underwent a bilateral medial branch block in 04/2012. However, efficacy of that medial branch block was not addressed in the clinical documentation submitted for review. The employee underwent an additional medial branch block at the right side of L4-5 and L5-S1 that provided 65% pain relief for approximately 2 weeks. This was followed by a right-sided radiofrequency ablation. The Official Disability Guidelines recommend radiofrequency ablation be based on at least 70% pain relief from a medial branch block. Although the clinical documentation submitted for review does indicate the employee previously underwent a medial branch block on the left side, there is no indication this employee was provided significant pain relief as a result of that block. Additionally, the most recent clinical examination does not provide any evidence the employee's continued pain is facet-mediated. As such, the requested left-sided L4-5 radiofrequency ablation QTY: 1.00 is not medically necessary or appropriate.

**Left-sided L5-S1 radiofrequency ablation QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The requested left-sided L5-S1 radiofrequency ablation is not medically necessary or appropriate. The clinical documentation does indicate the employee underwent a bilateral medial branch block in 04/2012. However, efficacy of that medial branch block was not addressed in the clinical documentation submitted for review. The employee underwent an additional medial branch block at the right side of L4-5 and L5-S1 that provided 65% pain relief for approximately 2 weeks. This was followed by a right-sided radiofrequency ablation. The Official Disability Guidelines recommend radiofrequency ablation be based on at least 70% pain relief from a medial branch block. Although the clinical documentation submitted for review does indicate the employee previously underwent a medial branch block on the left side, there is no indication this employee was provided significant pain relief as a result of that block. Additionally, the most recent clinical examination does not provide any evidence the employee's continued pain is facet-mediated. As such, the requested left-sided L5-S1 radiofrequency ablation QTY: 1.00 is not medically necessary or appropriate.