

<b>Case Number:</b>	CM13-0020767		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Management, 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.

### 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 54-year-old injured worker with date of injury 12/18/03 complains of severe back pain with muscle cramps and spasms in the right buttock and hip area. MRI of the lumbar spine 12/21/11 revealed minor lumbar scoliosis, mild to moderate bilateral facet arthropathy, multi-level multi-factorial discogenic degenerative changes, and mild to moderate bilateral foraminal stenoses at L4-L5. According to the 8/6/13 report, he has undergone diagnostic facet injections with good effect. He manages his pain with immediate release morphine tabs, and aquatic therapy. He is taking less than the recommended ceiling dose of 120 mg or less morphine equivalent, he is under a narcotic contract, and his urine drug screens have been appropriate. Non industrially he takes atenolol for hypertension, Lexapro for depression, and Dexilant for GI (gastrointestinal)symptoms. He is currently not working. Provider note of 7/24/13 noted pain reduced from 8/10 to 1/10 for several hours after bilateral medial branch blocks, including when performing maneuvers provocative for the baseline pain (ie, facet loading maneuvers). The date of UR decision was 8/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar radiofrequesncy of L3-4, L4-5, and L5-S1 to be performed in 2 appointments:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The Official Disability Guidelines (ODG) indicates that criteria for facet joint radiofrequency neurotomy are as follows: "Treatment requires a diagnosis of facet joint pain using a medial branch block" and "There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." If one were to use the ODG, the UR denial is inappropriate as in multiple notes a plan for continued conservative therapy with medication (less than 120 MED, no aberrant behavior, documented functional improvement with medication, etc) and aquatherapy is documented. The request for bilateral lumbar radiofrequency of L3-4, L4-5, and L5-S1 to be performed in 2 appointments is medically necessary and appropriate.