

<b>Case Number:</b>	CM13-0030639		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/05/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational Medicine 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 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 claimant was injured on 04/05/08. Radiofrequency blocks for the lumbar spine on the left side are under review. On 07/21/11, he saw [REDACTED] who stated he had a solid fusion at L5-S1 and grade 1 listhesis at L4-5. He did not anticipate improvement with radiofrequency (RF) ablation of the lumbar spine and facet blocks and/or possible discography were recommended. On 12/05/12, [REDACTED] stated that he had returned complaining of right-sided low back pain after receiving over 10 months of excellent pain relief from the last RF performed in 2012. Medial branch blocks were certified on 12/07/12 bilaterally. According to [REDACTED] on 01/31/13, he had reduction in his pain and improved activity levels from RF that lasted over 6 months. He was injected at L2, L3, and L4. Lumbar facet ablations were recommended every 6 months as needed. His low back was not examined. The claimant underwent radiofrequency neurolysis on the right-sided L2, L3, and L4 on 12/11/12 and he previously had 80-100% relief. On 06/09/13, there was a request for radiofrequency blocks from C2-C5 bilaterally. He had a history of prior cervical spine facets radiofrequency blocks. Only his neck was examined on 4/17/13. He saw [REDACTED] on 08/21/13 and had left-sided low back pain. He reported complete relief from his right-sided low back pain following right L2-L4 radiofrequency procedure on 06/11/13. He was also status post radiofrequency neurotomies in August 2011 and in December 2012 and January 2013. The procedure in August 2011 was performed bilaterally at L3-4 and afforded 70-80% relief with reduction in pain medication use. He had improvement in his function. He had similar procedures in December 2012 and January 2013 but the levels are not stated. On 10/30/13, he reported pain only on the left side where the procedure was not performed and he again requested treatment for left-sided low back pain. He previously received excellent long-term relief from RF lumbar facet blocks on the left side. They were expected to help him again. His findings were the same. His current pain level was 5/10 and average pain

level 8/10. He noted excellent relief after the last RF was performed. The physical examination did not include the low back specifically. He was given Flector patches and was to start Lidoderm patches. He saw [REDACTED] on 11/25/13. He complained of low back pain radiating to both buttocks. He is status post lumbar fusion in 1992 with previous laminectomy, discectomy and fusion at L5-S1. He reported complete resolution of his right-sided low back pain after receiving lumbar L2, 3, and for radiofrequency facet blocks on June 11, 2013. He was to be scheduled for lumbar L2, L3, and L4 radiofrequency medial branch neurolysis. He apparently received excellent long-term relief from the RF lumbar facet blocks on the left and right sides. He complained of current pain at level 5/10 in the left lower lumbar region. The physical examination revealed tenderness over the articular pillars on the left with no spasm no neurologic deficits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 RADIOFREQUENCY NEUROLYTIC MEDIAL BRANCH BLOCK AT LEVEL L,2,3,4 LEFT SIDE: Upheld**

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

**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, Radiofrequency neurolytic medial branch blocks.

**Decision rationale:** The history and documentation do not objectively support the request for radiofrequency neurolytic medial branch blocks at levels L2, L3, and L4 on the left side. The ODG state facet joint radiofrequency neurotomy is under study. In this case, the claimant's history of treatment to his left lumbar facet region is unclear. There is brief mention of bilateral pain relief from RF in the past but the specifics of when the left side was treated, the levels treated, the level of pain relief, and the duration are not stated clearly in the records. It is not clear whether the claimant has been involved in an ongoing exercise program along with this treatment to try to maintain any benefit that is received. Therefore the request for a repeat RF at levels L2, L3, and L4 on the left side is not medically necessary.