

<b>Case Number:</b>	CM13-0033036		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/05/2001
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 and Rehabilitation, and is licensed to practice in Oklahoma 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.

### 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 66-year-old male who reported an injury on 09/05/2001 after slipping on some dirt causing a strain to the low back and knee. The patient ultimately underwent a radiofrequency ablation at the L4-5 and L5-S1 bilaterally on 01/29/2013. Documentation indicates that the patient had significant pain relief until 09/2013. It is documented that the patient's pain began to return. The most recent clinical examination findings included constant low back pain that is exacerbated by prolonged activities radiating into the bilateral lower extremities. The patient's diagnoses included lumbar degenerative disc disease, facet pain, and myofascial pain. The patient's treatment plan included continuation of medications to include Skelaxin and tizanidine and a repeat radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 radiofrequency ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** The Physician Reviewer's decision rationale: Official Disability Guidelines state, "Approval of repeat neurotomies depends on variables such as evidence of adequate

diagnostic blocks, documented improvement in VAS scores, decreased medications and documented improvement in function. The clinical documentation submitted for review did not specifically identify quantitative measures to evaluate the patient's pain relief. Also, duration of pain relief is not specifically addressed. The clinical documentation submitted for review does not provide any evidence of decreased medication usage or specific evidence of functional improvement. Therefore, additional lumbar neurotomies would not be indicated. As such, the requested bilateral L4-5 and L5-S1 radiofrequency ablation is not medically necessary or appropriate.