

<b>Case Number:</b>	CM13-0039838		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 62 year old female who reported an injury on 10/26/2010 due to a motor vehicle accident. The injured worker reports lower back pain of 7/10 primarily to left lumbar region and radiating bilaterally to buttocks and lower extremities. Norco provides pain relief dropping level down to 3-4/10. An MRI of the lumbar region indicated a 2 cm disc bulge at L4-L5. Range of motion to lumbar region is 50%, flexion is normal and Spurling is negative bilaterally. The injured worker's medications include Norco, Cymbalta, Famotidine, Robaxin, Docusate Sodium, Ibuprofen and Miralax. On 02/21/2013 the injured worker underwent a medial branch block at left L2, L3, L4 and L5. To reduce level of pain a request for lumbar radiofrequency ablation at L2-L5 is being requested. The request for authorization form has been submitted for review and was signed on 09/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR RFA AT L2-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: LOW BACK DISORDERS, , 181 AND 183

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The request for Lumbar RFA at L2-L5 is non-certified. The injured worker reports constant pain levels of 3-4/10 using pain medication and 7/10 when not taking the medication. There has been no improvement on pain management other than through Norco. American College of Occupational and Environmental Medicine (ACOEM) Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. On 02/21/2013 the injured worker underwent a medial branch block at left L2, L3, L4 and L5. However, the notes fail to report any significant pain relief to warrant a RFA procedure. In addition, the request is for 3 levels which is excessive in nature. As such, the request is not medically necessary.