

<b>Case Number:</b>	CM13-0042389		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Spine Surgery, and is licensed to practice in 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 61-year-old male who reported an injury on 01/18/2010. The mechanism of injury was not stated. The patient is currently diagnosed with back pain, lumbosacral spondylosis without myelopathy, and lumbar degenerative disc disease. The patient was seen by [REDACTED] on 09/10/2013. The patient reported constant lower back pain. Physical examination revealed limited lumbar range of motion, severe tenderness to palpation, positive facet loading maneuver and positive Kemp's testing. Treatment recommendations at that time included a radiofrequency ablation. It is noted that the patient underwent a CT myelogram of the lumbar spine on 09/06/2013, which indicated facet arthropathy at L3-4, L4-5, and degenerative changes at the facet joints at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT RADIOFREQUENCY ABLATION AT BILATERAL LUMBAR L3-L4, L4-L5 AND L5-S1.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, it is noted that the patient has previously been treated with medial branch nerve blocks. However, documentation of the previous procedures with evidence of objective functional improvement was not provided. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.