

<b>Case Number:</b>	CM13-0044156		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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:

According to the records made available for review, this is a 50-year-old male with a 1/7/11 date of injury. At the time (5/10/13) of the request for authorization for lumbar radiofrequency ablation bilateral L3, L4, there is documentation of subjective (ongoing lower back pain) and objective (ROM is restricted with flexion limited to 30 degrees due to pain, extension limited to 20 degrees due to pain, right lateral bending limited to degrees due to pain and left lateral bending limited due to pain, on examination of paravertebral muscles tenderness and tight muscle band is noted on both the sides, lumbar facet loading is positive, and tenderness noted over the sacroiliac spine and right) findings; current diagnoses (disc disorder lumbar, lumbar radiculopathy, post lumbar laminectomy syndrome, sacroiliitis, and lumbar spondylosis); and treatment to date (facet injections with significant relief and functional improvement). There is no documentation of at least one set of diagnostic medial branch blocks with a response of  $\hat{\zeta}$  70% and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar radiofrequency ablation bilateral L3, L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300-301.

**Decision rationale:** MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of  $\geq 70\%$ , no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of disc disorder lumbar, lumbar radiculopathy, post lumbar laminectomy syndrome, sacroiliitis, and lumbar spondylosis. In addition, there is documentation of facet injections with significant relief and functional improvement and no more than two joint levels will be performed at one time. However, despite documentation of facet injections with significant relief and functional improvement, there is no documentation of at least one set of diagnostic medial branch blocks with a response of  $\geq 70\%$ . In addition, there is no documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for lumbar radiofrequency ablation bilateral L3, L4 is not medically necessary.