

<b>Case Number:</b>	CM13-0045765		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/27/1998
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 is a 63 year old male claimant who sustained an industrial injury on 05/27/1998. The mechanism of injury was a cumulative trauma claim. His diagnoses include lumbar disc disease, lumbar stenosis, and lumbago. He continues to complain of low back pain. On physical exam there is decreased range of motion of the lumbar spine. There were no neurologic abnormalities noted. Treatment includes medical therapy with Duragesic, Baclofen, Omeprazole, Wellbutrin, and Xanax. He also underwent a facet rhizotomy procedure in 2013. The treating provider has requested Radiofrequency Re-Lesioning of the Lowest Three Levels of the Lumbar Facet in a staged fashion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RADIOFREQUENCY RE-LESIONING OF THE LOWEST THREE LEVELS OF THE LUMBAR FACET IN A STAGED FASHION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** There is no documentation provided necessitating the requested procedure. There is no documentation of any changes in his present condition in terms of any changes in his ADLs with specifics as well as exercises. The claimant is not maintained on medications for neuropathic pain. Per the guidelines reviewed medical necessity for the requested procedure has not been established. The requested procedure is not medically necessary.