

<b>Case Number:</b>	CM13-0047770		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/26/2005
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Surgery, 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:

The claimant is a 40-year-old male who sustained an injury to the low back on December 26, 2005. The pain management note of October 29, 2013, indicated continued complaints of low back pain. The claimant was also noted to have undergone a lumbar fusion L5-S1 in 2007 with hardware removal 2008. The claimant now reports axial pain and tenderness to the paraspinal muscles overlying the facet joints. Upon examination, the lower extremities showed full motor strength and no sensory deficit or reflexive changes. The claimant was diagnosed with lumbar facet arthropathy, status post prior bilateral L3-4 and L4-5 radiofrequency ablation, performed in January 12, 2012, and resulting in 100 percent pain relief for greater than 20 months. This request is for repeat L3-4 and L4-5 radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT FLUOROSCOPICALLY GUIDED BILATERAL L3-L4 AND L4-L5 LUMBAR RADIOFREQUENCY NERVE ABLATION:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Official Disability Guidelines, Treatment in Worker's Comp , low back procedure, 18th Edition, 2013 Updates.

**Decision rationale:** California MTUS Guidelines state that "Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks". Official Disability Guidelines criteria indicate that repeat facet rhizotomy can be warranted in cases where there is documentation of improvement in function, decreased medications, etc. A previous rhizotomy at the L3-4 and L4-5 level produced more than 20 months of relief. Given the claimant's positive response to previous treatment and current complaints of axial pain, the use of facet rhizotomy through radiofrequency ablation would be supported as medically necessary.