

<b>Case Number:</b>	CM13-0050524		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 physician 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 patient presents with radicular findings upon physical exam indicative of an abnormal straight leg raising. In addition, the patient has already undergone diagnostic facet blocks at the L3-4, L4-5, and L5-S1, per clinical note dated 01/10/2013. While the California MTUS/ACOEM indicates invasive techniques such as local injections and facet injections of cortisone and lidocaine are of questionable merit, the Official Disability Guidelines indicate 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. As the patient has already undergone diagnostic injections about the lumbar spine, the current request is not supported. Furthermore, the patient presents with radiculopathic symptomatology. The request for a diagnostic facet block at L4-5 with consideration of radiofrequency ablation (RFA) is not medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic facet block at L4-5 with consideration of radiofrequency ablation (RFA):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** The patient presents with radicular findings upon physical exam indicative of an abnormal straight leg raising. In addition, the patient has already undergone diagnostic facet blocks at the L3-4, L4-5, and L5-S1, per clinical note dated 01/10/2013. While the California MTUS/ACOEM indicates invasive techniques such as local injections and facet injections of cortisone and lidocaine are of questionable merit, the Official Disability Guidelines indicate 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. As the patient has already undergone diagnostic injections about the lumbar spine, the current request is not supported. Furthermore, the patient presents with radiculopathic symptomatology. The request for a diagnostic facet block at L4-5 with consideration of radiofrequency ablation (RFA) is not medically necessary and appropriate.