

<b>Case Number:</b>	CM13-0051333		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/09/2004
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Anesthesiology and has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 claimant is a 42 year old female presenting with low back pain following a work related injury on 1/9/2004. The claimant has tried medications and physical therapy. The claimant had bilateral radiofrequency procedures on 12/14/2011 for the right side and 12/21/2011 for the left side. According to the medical records the claimant reported significant decrease in her pain level. The physical exam was significant for pain elicited over the left facet joint, left sacroiliac joint and bilateral gluteal region. The claimant was diagnosed with Lumbago. The claimant's medications include Vicodin and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat bilateral radiofrequency ablations (RFA) at L3-4, L4-5, L5-S1, S2, S3 and S4:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Pain, Treatment Consideration.

**Decision rationale:** Repeat bilateral radiofrequency ablations (RFA) at L3-4, L4-5, L5-S1, S2, S3, and S4 in this case is not medically necessary. MTUS references the Occupation medicine practice guidelines on page 300 which states that "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is nonradicular and had no more than 2 levels bilaterally, documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. A request was made for five levels when only two levels are certifiable per ODG. Additionally, there is no documentation of diagnostic facet blocks resulting in at least 50% reduction in his pain therefore, the request is not medically necessary.