

<b>Case Number:</b>	CM13-0051428		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/01/2000
<b>Decision Date:</b>	11/07/2014	<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopaedic Surgery (Spine Fellowship) 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 54-year-old male with a 4/1/00 date of injury, and status post L4-5 discectomy. At the time (11/7/13) of request for authorization for right radiofrequency ablation at L3-4, L4-5 and L5-S1 to be done at [REDACTED], there is documentation of subjective (very significant relief above 50% from the procedure) and objective (none documented) findings, current diagnoses (facet pain and lumbar spondylosis), and treatment to date (medications, epidural steroid injections, left radiofrequency ablation, and right-sided medial branch block (DOS 9/23/13)). There is no documentation of at least one set of diagnostic medial branch blocks with a response of 70%, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and that no more than two joint levels will be performed at one time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT RADIOFREQUENCY ABLATION AT L3-4, L4-5 NAD L5-S1 TO BE DONE AT [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

**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 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 facet pain and lumbar spondylosis. In addition, there is documentation of a right-sided medial branch block with reported above 50% relief. However, there is no documentation of at least one set of diagnostic medial branch blocks with a response of 70% and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In addition, given that the request is for right radiofrequency ablation at L3-4, L4-5 and L5-S1, there is no documentation that no more than two joint levels will be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for right radiofrequency ablation at L3-4, L4-5 and L5-S1 to be done at [REDACTED] is not medically necessary.