

<b>Case Number:</b>	CM13-0054560		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/16/2002
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of January 16, 2002. The treatment to date has included medications, home exercise program, right lateral femoral cutaneous nerve block, and two radiofrequency procedures, the first of which was reported to provide three years of pain relief. Utilization review from October 14, 2013 denied the request for right and left repeat lumbar radiofrequency because there was no documentation of failure of ongoing conservative treatment. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain, bilateral, graded 5/10 in severity. On physical examination, there was pain with extension and rotation of the lumbar spine. There were no sensory motor deficits. Straight leg raising and Faber's tests were negative

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT AND LEFT REPEAT LUMBAR RADIOFREQUENCY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to ACOEM Practice Guidelines, good quality medical literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar spine. In addition, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Furthermore, guidelines state that criteria for repeat radiofrequency include documented improvement in VAS score, documented improvement in function, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, although years of pain relief was noted following previous radiofrequency procedures, there was no objective evidence of functional improvement and improved VAS score. Moreover, there was no discussion regarding plans of additional conservative therapies. There was also no documentation of recent diagnostic medial branch blocks that should have been performed prior to radiofrequency as per the guidelines. Therefore, the request for right and left repeat lumbar radiofrequency is not medically necessary.