

<b>Case Number:</b>	CM13-0056765		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 is a 49-year-old female who reported an injury on 08/06/2003 due to a motor vehicle accident that reportedly caused injury to her neck, shoulders and spine which ultimately developed in chronic pain. The patient's treatment history has included extensive physical therapy, chiropractic care, and surgical intervention for the right shoulder, cervical epidural steroid injections, psychological support, and radiofrequency ablation. The patient's most recent clinical evaluation documented that the patient had chronic pain complaints rated at a 7/10. Physical findings included tenderness to palpation over the L4-5 facets, no evidence of radiculopathy. The patient's diagnoses included status post endoscopic surgery of the bilateral shoulders, neck, and spine pain, cervical facet arthrosis, and lumbar facet arthrosis. The patient's treatment plan included an additional radiofrequency ablation and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ablation of lumbar facets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines - Treatment for Workers' Compensation (TWC), ([www.odg-twc.com](http://www.odg-twc.com)) and American Society of Interventional Pain Physicians Guidelines (ASIPP)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** The ablation of lumbar facets is not medically necessary or appropriate. The clinical documentation does indicate that the patient has previously undergone radiofrequency ablation to the lumbar spine with successful pain relief for approximately 6 to 7 months. However, Official Disability Guidelines recommend repeat radiofrequency ablation in patients who have had greater than 50% pain relief for at least 12 weeks with documentation of pain relief and medication reduction. The clinical documentation submitted for review does not provide any evidence of a quantitative measurement of pain relief. Additionally, there is no documentation to specifically identify improvement in pain scores, decreased medication usage, or improvement in functional capabilities. Additionally, it is unclear at what level prior radiofrequency ablation was administered to. Therefore, the need for additional radiofrequency ablation cannot be determined. As such, the requested ablation of the lumbar facets is not medically necessary or appropriate.