

<b>Case Number:</b>	CM13-0064880		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 a 45-year-old with date of injury of July 26, 2012 who injured himself in the course of his usual and customary work working as a police officer. The treating physician report dated 2/5/14 indicates that the patient presents with chronic pain affecting the lower back and right shoulder. The treating physician states that the patient did receive authorization for a lumbar facet ablation and there is an operative report dated February 25, 2014 for radiofrequency nerve ablation at L3, 4 and 5 with conscious sedation. The current diagnoses are degeneration lumbar, pain in shoulder joint-s/p right shoulder arthroscopy x2, pain in joint lower leg, bilateral knees, s/p left knee arthroscopy x2, lesion ulnar nerve, neck pain, and disorders sacrum. The utilization review report dated of December 5, 2013 denied the request for bilateral permanent lumbar facet injection L3,4,5, AKA Radio frequency Ablation based on the rationale that there wasn't enough documentation of positive functional benefit from a previous RFA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral permanent lumbar facet injection L3, L4, L5, (Radio Frequency Ablation [RFA]) each additional level, with fluoroscopic guidance and IV sedation: 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), LOW BACK CHAPTER, FACET JOINT RADIOFREQUENCY NEUROTOMY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online Lumbar Chapter.

**Decision rationale:** The patient presents with chronic lower back pain and right shoulder pain. The current request is for bilateral permanent lumbar facet injection L3, L4 and L5, AKA Radio Frequency Ablation (RFA), each additional level, fluoroscopic guidance, IV sedation. The 12/5/13 utilization review report states that the December 16 and November 15, 2013 treating physician's reports were reviewed, however these reports were not included in the 68 pages of medical records provided for this review. The UR report indicates that the patient received RFA on 6/4/13 and that the MRI dated October 17, 2012 shows mild facet degenerative disease. The treating physician states in the February 5, 2014 report that he had received authorization for RFA and the RFA was performed on February 16, 2014. The Medical Treatment Utilization Section (MTUS) Guidelines do not address radio frequency nerve ablation. The ODG Guidelines do support RFA of the lumbar spine when the criteria for the procedure has been met. Repeat neurotomies may be performed with adequate documentation of improved VAS score, decreased medication usage and improvement in function. There are no reports provided for review that give any information regarding any improvements following the June 4, 2013 RFA. The request for bilateral permanent lumbar facet injection L3, L4, L5, (Radio Frequency Ablation [RFA]) each additional level, with fluoroscopic guidance and IV sedation is not medically necessary or appropriate.