

<b>Case Number:</b>	CM13-0065234		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male with a work injury dated 9/12/01. The diagnoses includes multilevel degenerative disc disease, spinal stenosis and facet disease. There is a request for radiofrequency ablation of L2-L3, L3-L4, L4-L5 bilateral. There is an 11/4/13 primary treating physician progress report where the patient complains of low back pain. His symptoms are worse with increased activity. He has difficulty with prolonged walking or standing due to increased low back pain. On physical exam, the patient has difficulty walking. The patient has difficulty changing position and getting onto the examining table. There is tenderness in the lumbar, paraspinous regions. The motion is restricted and does cause painful symptoms. There is guarding with motion. There is muscle spasm present. Gait is antalgic and there is decreased Final Determination Letter for IMR Case Number CM13-0065234 3 lumbar range of motion. On 2/25/13 the patient had lumbar facet blocks under fluoroscopic guidance at L2-L3, L3-L4, and L4-L5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL RADIOFREQUENCY ABLATION AT L2-L3, L3-L4, L4-L5:** 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): 300-301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** Per the ACOEM guidelines, neurotomies reportedly produce mixed results and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG state that the criteria for the use of diagnostic blocks for facet-mediated pain include that no more than two joint levels are to be performed at one time for both the diagnostic facet injections and the radiofrequency ablation. The documentation indicates that the patient has had more than 2 levels for both the diagnostic facet injections and the request for ablation is also for greater than 2 levels. The request for radiofrequency ablation of L2-L3, L3-L4, L4-L5 bilateral is, therefore, not medically necessary.