

<b>Case Number:</b>	CM13-0065368		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/24/1997
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/27/2013
<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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 71-year-old female who reported an injury on 11/24/1997. The mechanism of injury was not provided in the medical records. The 11/07/2013 clinical note reported tenderness to palpation of the lumbar spine in the upper, mid, and lower paravertebral musculature. Her range of motion described as 30 degrees flexion, 25 degrees right lateral bending, 20 degrees left lateral bending, 25 degrees right lateral rotation, 20 degrees left lateral rotation, and 20 degrees extension with increased pain upon motion, negative straight leg raise, and decreased sensation in the bilateral lower extremities in the right L5 distribution. The 11/05/2013 clinical note reported the injured worker underwent a medial branch block injection at L3, L4, and dorsal ramus L5 and a right hip injection on 10/24/2013 with the relief of right hip and groin pain. On examination she had tenderness to palpation at L4-5 with a positive femoral stretch test bilaterally, tenderness to palpation to the lower and mid thoracic spinous process, severe spasm of the thoracic and lumbar paraspinals along the facets at L4-5, forward flexion 40 degrees, 15 degree hyperextension, 30 degrees right lateral bending, and 20 degrees left lateral bending, a positive left straight leg raise, and decreased sensation to the hip. The note stated given the injured worker's favorable functional response with the diagnostic facet medial branch blocks of greater than 80% relief, she will proceed with a facet rhizotomy/neuromy. The note also stated that the injured worker failed all conservative measures and did not want to be over medicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **RADIOFREQUENCY ABLATION AT L3,L4 AND DORSAL RAMUS L5: Upheld**

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

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

**Decision rationale:** CA ACOEM states facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines state facet joint neurotomies may be indicated for patients with low-back pain that is non-radicular with a diagnostic medial branch block response of greater than 70% pain relief documented by Visual Analog Scale emphasizing the maximum pain relief and duration in addition to a medication and activity log to support subjective reports of better pain control. The documentation submitted states the injured worker had a positive straight leg raise and decreased sensation in the bilateral lower extremities in the right L5 distribution. Additionally, the documentation did not provide evidence of the injured worker's emphasizing the maximum pain relief, duration of relief, medication use, functional improvements documented by an accepted scale or an activity log to support subjective reports of better pain control. Given the above, the request for radiofrequency ablation at L3,L4 and dorsal ramus L5 is medically necessary.