

<b>Case Number:</b>	CM13-0068664		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Orthopedic Surgery 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 injured worker is a 67-year-old male who reported an injury on 10/06/2011. The mechanism of injury was not provided for review. The injured worker underwent a lumbar facet diagnostic medial branch block at the L3-4 and L4-5 on 07/23/2013. The injured worker was evaluated on 09/03/2013. It was documented that the injured worker had 80% pain relief for approximately 2 hours from the prior cervical facet blocks. The injured worker was evaluated on 10/22/2013. It was documented that the injured worker had no new symptoms and was awaiting approval for radiofrequency ablation at the L4-5 and L5-S1 level. The injured worker's diagnoses included lumbosacral degenerative disease, cervical spine degenerative disc disease, thoracic spine disc degenerative disease, and depression. The injured worker's treatment plan was a radiofrequency ablation at the L4-5 and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RADIOFREQUENCY ABLATION OF THE FACET JOINTS IN THE LUMBAR SPINE AT L4-5 AND L5-S1 LEVELS ON THE RIGHT SIDE: 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 (ACUTE & CHRONIC) CRITERIA FOR THE USE OF FACET JOINT RADIOFREQUENCY NEUROTOMY.

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

**Decision rationale:** The American College of Occupational Environmental Medicine recommends facet joint ablation for injured workers who have an appropriate response to medial branch blocks. The clinical documentation does indicate that the injured worker had an appropriate response to a medial branch block at the L4-5 level with 80% pain relief for approximately 2 hours. However, the clinical documentation fails to provide any evidence that the injured worker has undergone a medial branch block at the L5-S1 level. It is noted within the documentation that the injured worker underwent a medial branch block at the L3-4 and L4-5 levels. Therefore, the appropriate diagnostic studies have not been undergone at the requested level. As such the requested radiofrequency ablation at the facet joints in the lumbar spine at the L4-5 and L5-S1 levels on the right are not medically necessary or appropriate.