

<b>Case Number:</b>	CM14-0002928		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 presented with a date of injury of July 2, 2013. The patient is being treated for the diagnosis of lumbosacral spondylosis. The patient underwent medial branch blocks at L3-L4 and L5 under IV conscious sedation. IV conscious sedation indicates the effectiveness of pain relief further a medial branch block procedure. The patient continues to have chronic low back pain. At issue is whether radiofrequency ablation/lumbar neurolysis is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT LUMBAR NEUROLYSIS L3 L4, L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the Official Disability Guidelines, regarding criteria for use of therapeutic intrat-articular and medial branch blocks, are as follows: No more than one therapeutic intra-articular block is recommended; There should be no evidence of radicular pain, spinal stenosis, or previous fusion; If successful (initial pain relieved of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, the recommendation is to proceed to a medial branch diagnostic block subsequent neurotomy (if the medial branch block is positive; No more than 2

joint levels may be blocked at any one time." In this case, the medical records indicates that the patient had medial branch block performed by the sedation using 2 mg of Medazalam. The use of IV sedation indicates the effectiveness of pain relief of the procedure. However, it remains unclear exactly how much pain relief the patient achieved with previous medial branch block therapy. Medial branch block must be performed without IV sedation. Given the fact that the patient has not had appropriate medial branch block treatment, the request for radiofrequency ablation is not supported by MTUS Guidelines. The patient must first have an appropriately performed diagnostic medial branch block procedure. Therefore, the request for left lumbar neurolysis L3, L4, and L5, is not medically necessary and appropriate.