

<b>Case Number:</b>	CM14-0004722		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation, transfer of care from various providers in various specialties, topical agents, and antispasmodics. In a utilization review report dated December 16, 2013, the claims administrator partially certified a request for three-level medial branch blocks as two-level medial branch blocks under fluoroscopy and IV sedation, invoking non-MTUS ODG Guidelines on the same. The applicant's attorney subsequently appealed. In a progress note dated November 26, 2013, the applicant reported persistent complaints of low back pain radiating the bilateral ankles, legs, and thighs. The applicant's problem list included myalgias, myositis, degenerative disk disease, lumbar strain, muscles spasm, sacroiliitis, and facet arthropathy. The applicant also had comorbid depression and hypertension, it was stated. The applicant's medication list included Baclofen, Lidoderm, Tylenol, and Tramadol. The applicant was obese, with a BMI of 31. The applicant exhibited an antalgic gait with tenderness about the SI joints, positive facet loading, and normal lower extremity strength. Multilevel medial branch blocks and radiofrequency ablation procedures were sought on the grounds that these procedures have been stipulated as medically necessary by the applicant's agreed-medical evaluator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) BILATERAL T12-L1, L1-2, L2-3 MEDIAL BRANCH NERVE  
RADIOFREQUENCY ABLATIONS UNDER FLUOROSCOPY AND IV SEDATION:  
Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections with the proposed radiofrequency medial nerve ablation procedures in question are a subset, are deemed not recommended. In this case, there is considerable lack of diagnostic clarity here as the applicant has been given conflicting diagnoses, including that of lumbar radiculopathy and muscle spasms. The request in question, thus, is not indicated both owing to the considerable lack of diagnostic clarity here as well as to the unfavorable ACOEM position on the procedure in question. Accordingly, the request is not medically necessary.