

<b>Case Number:</b>	CM14-0005354		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 47 year old male who reported an injury on 09/13/2010, the mechanism of injury was a collapsed chair. The injured worker had physical therapy, pain medications, acupuncture and then a MRI of the lumbar spine revealed abnormalities at the L5 level, this is not from an official report. He had an epidural steroid injection that provided no benefit, he had a medial branch and radiofrequency ablation that was reported to be more effective. On 08/31/2011 he had a L4-5 and L5-S1 facet block by way of medial branch block under fluoroscopic guidance and then because of reported significant decrease in pain he had a L4-5 and L5-S1 facet joint denervation by radiofrequency neurotomy which was reportedly very successful. The injured worker returned to work due to significant decrease in pain. This last procedure reportedly held pain until the past few months. He last reported at an evaluation on 12/24/2013 lower back pain. Lumbar flexion is better tolerated than extension. He has difficulty sitting and walking. He rated pain at 8/10. The examination showed significant tenderness to palpation over the lower lumbar paraspinal muscles from L3 through L5. There was tenderness over the left lower lumbar facet joints from L3 through S1. Forward flexion was well tolerated to 60 degrees but extension was limited to 10 degrees. Lateral tilt to the left was limited to 15 degrees and lateral tilt to the right tolerated to 20 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERMANENT FACET INJECTION/RADIOFREQUENCY ABLATION L4-5 AND L5-S1, UNDER FLUOROSCOPIC GUIDANCE WITH IV SEDATION:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Section.

**Decision rationale:** The request for permanent facet injection/radiofrequency ablation L4-5 and L5-S1 under fluoroscopic guidance with IV sedation is certified. The injured worker had relief of 80-90% with the previous radiofrequency ablation and improvement in overall function. The Official Disability Guidelines criteria for radiofrequency ablation include use of medial branch block, the criteria requires more than 6 months between each procedure is the procedure is at least 50% improvement in symptoms, there must be adequate blocks and documented reduction in pain medication and increase of function. The criteria state no more than two levels are to be performed at one time. With the documentation submitted for this review the injured worker had adequate relief with the last procedure, he was on fewer pain medications and had increased function and the time frame meets the criteria due to last procedure was over a year ago. Therefore, the request is medically necessary.