

<b>Case Number:</b>	CM14-0013461		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 1/4/11. A 2/5/14 medical report identifies an increase in left leg numbness and pain that occurs on the lateral aspect of the left thigh and stops about the knee. Low back pain is stable. The patient is having recurrent radicular pain and a previous ESI in 2012 was noted as helping with that. The provider noted that they would have to go back to treating the radicular pain again before reconsidering a radiofrequency ablation procedure. On exam, there is a positive straight leg raise on the left. Radicular pain has overtaken the axial pain now. There is lumbar paraspinal muscle tenderness and spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT L3-4 RADIOFREQUENCY ABLATION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The California MTUS cites that, while there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine

provides good temporary relief of pain, similar quality literature does not exist regarding the same procedure in the lumbar region. They also cite that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular and at no more than two joint levels, and documentation of failed conservative treatment including home exercise, physical therapy, and NSAIDs. Within the documentation available for review, the patient is noted to have radicular complaints corroborated by physical exam findings. The provider has noted that the patient's radicular complaints have overtaken the axial back pain and they would need to treat that before reconsidering a radiofrequency ablation. In light of the above issues, the request is not medically necessary.