

<b>Case Number:</b>	CM14-0013959		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Spinal 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:

This is a 33-year-old claimant male with reported industrial injury 4/4/12. Accepted body part includes neck and lower back. MRI (magnetic resonance imaging) thoracic and lumbar spine 8/22/12 demonstrates T5-6 and T8-9 posterior central mild to moderate disc protrusion and L4/5 posterior central small disc protrusion without significant stenosis. Prior documentation is made of medial branch blocks on 9/16/13 on the right and left at L3, L4, and L5 with fluoroscopy. The claimant is status post radiofrequency neurotomy right L3, L4 and L5. The exam note from 1/16/14 demonstrates slight improvement. Exam demonstrates pain with extension and rotation to the left. Tenderness is documented over the facet joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR MEDIAL BRANCH RADIOFREQUENCY LEFT L3: 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 (ODG) Low Back, Facet joint radiofrequency neurotomy

**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, Facet joint radiofrequency neurotomy

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 1/16/14 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification for left L3 medial branch radiofrequency.

**LUMBAR MEDIAL BRANCH RADIOFREQUENCY LEFT L4:** 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 (ODG) Low Back, Facet joint radiofrequency neurotomy

**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, Facet joint radiofrequency neurotomy

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 1/16/14 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification for left L4 medial branch radiofrequency.

**LUMBAR MEDIAL BRANCH RADIOFREQUENCY LEFT L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy

**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, Facet joint radiofrequency neurotomy

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 1/16/14 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification for left L5 medial branch radiofrequency.