

<b>Case Number:</b>	CM14-0111734		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Anesthesiology, 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:

The injured worker is a 35 year-old female with a 10/05/09 date of injury from an unknown mechanism of injury. The patient was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc. On 5/21/14 progress note described complaints of lower back and left buttock pain that radiated to the left foot. Clinically, there was lumbar tenderness with paraspinal spasm, bilateral facet loading spine and decreased range of motion. Treatment plan included physical therapy and bilateral lumbar radiofrequency ablation at L3-4, L4-5 and L5-S1. Treatments to date included lumbar blocks which provided 60% pain relief that lasted for approximately 1 month, medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar radio frequency ablation L3-4, 4-5, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Medical necessity for bilateral lumbar radiofrequency ablation L3-4, L4-5, L5-S1 is not established. Most recent medical report states the patient complained of lower back

with radiculopathy. Her clinical presentation showed significant lumbar tenderness, spasm and bilateral facet loading with decreased range of motion. The treatment plan was physical therapy and bilateral lumbar RFA at L3-4, L4-5 and L5-S1. Previously rendered lumbar blocks provided 60% pain relief for 1 month. CA MTUS Guidelines states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, Official Disability Guidelines (ODG) criteria for RFA do not support more than 3 levels of neurotomy and response of less than 70% from prior lumbar blocks. Therefore, this request is not medically necessary.