

<b>Case Number:</b>	CM14-0113082		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Surgeon and is licensed to practice in New York. 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:

Patient had a work-related injury of February 21, 2012. The patient's is using pain medication to for his lower back chronic pain. Patient had prior neurophysiologic testing which showed bilateral S1 radiculopathy. Lumbar MRI does not show significant neural compression. The patient continues to have chronic back pain with radiation to the leg. The patient is diagnosed with degenerative joint disease in the lumbar spine. On physical examination the patient has painful range of lumbar motion. The pain radiates from the lumbar spine to the left but. Motor exam is normal in the bilateral lower extremities and muscle spasms are obvious. The patient had previous radiofrequency ablation perform one year ago with pain relief for 6 months. There is 12 weeks of documented pain relief with prior lumbar Neurotomy and repeat Neurotomy. It is unclear what percent relief of pain the patient had with Neurotomy. It is unclear how much functional improvement the patient had with repeat Neurotomy. The medical records do not contain an adequate conservative care plan with respect to the patient's chronic low back pain. At issue is whether radiofrequency ablation is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Radiofrequency Ablation @ bilateral L4-L5 and Bilateral L5-S1, Lumbar Spine.:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:ODG Low Back Chapter.

**Decision rationale:** ODG guidelines for repeat radiofrequency ablation treatment are not met. Specifically, there is not adequate documentation of the results of previous Neurotomy treatment and the amount of pain relief that the patient achieved. In addition there is no plan document the medical records for adequate conservative management for the treatment of chronic low back pain. More importantly, the medical records document that this patient has radicular symptoms radiating to the lower extremities. Back pain with radicular symptoms is a relative contraindication to RFA treatment. Guidelines do not support the use of radiofrequency ablation treatment in patients who have radicular complaints in addition to chronic low back pain. Criteria for radiofrequency ablation therapy not met.