

<b>Case Number:</b>	CM14-0114926		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 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 was a 41-year-old male who reported an injury on 07/23/2012 cause from an unspecified mechanism of injury. The injured worker had a history of low back stiffness, soreness and pain with ridiculed to the upper extremity. The diagnoses included lumbar spondylosis, lumbar compression fracture at the T12, L2, and L4, lumbar degenerative disc disease, and chronic lower back pain. The past surgical history included lumbar spinal surgery in 2002. The MRI dated 10/25/2012 revealed a stable compression fracture at the T1-2, L2, and L4. The fractures at the T12 and L2 appear subacute with the L4 being chronic, degenerative disc disease at the L3-4 and S1 exclusively. The diagnostics included radiofrequency ablation at the L3, L4, L5, and S1 bilaterally with results greater than 50%. The past treatment plan included repeated radiofrequency ablations. The injured worker complained of lower back pain. The clinical note of the lumbar spine dated 04/04/2014 revealed a well healed midline scar with no tenderness to palpation over the lumbar paraspinals or the spinous process, normal gait, lower extremity strength 5/5 bilaterally, lumbosacral exhibits normal alignment without asymmetry, and sensation intact to light and sharp touch to the bilateral lower extremities. The medication included Percocet 10/325 mg and Ibuprofen. The request for authorization dated 07/22/2014 was submitted within the documentation. The rationale for the radiofrequency ablation was for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar radiofrequency ablations(RFA) L3-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(ODG) Low Back Facet joint radiofrequency neurotomy.

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

**Decision rationale:** The request for bilateral lumbar radiofrequency ablations (RFA) L3-S1 is not medically necessary. The California MTUS/ACEOM indicates that 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The documentation, was not evident that facet had been performed only after appropriate investigation involved control differential dorsal ramus medial diagnostic blocks. The documentation did not indicate that the injured worker had measurable pain and the efficacy of any medications or conservative therapy. As such, the request is not medically necessary.