

<b>Case Number:</b>	CM14-0170903		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 02/19/2004. The mechanism of injury was not specifically stated. The current diagnoses include right shoulder impingement syndrome, intermittent right leg radiculopathy, right greater trochanter bursitis, right ischial tuberosity bursitis, degenerative disc disease at L4-S1, arthritic disease of the right hip, supraspinatus and infraspinatus tear of the right shoulder, L5-S1 bilateral foraminal stenosis, status post rotator cuff repair and biceps repair, status post right shoulder surgery, L5-S1 facet arthropathy, and right shoulder rotator cuff tear with AC joint arthritis. The injured worker was evaluated on 09/10/2014. Previous conservative treatment is noted to include medication management and facet medial branch blocks. The current medication regimen includes Motrin 800 mg and soma 350 mg. The injured worker presented with complaints of low back pain, right hip pain, and shoulder pain. Physical examination of the lumbar spine revealed tenderness of the paravertebral muscles bilaterally, intact sensation, slightly diminished flexion of the lumbar spine, normal motor strength, and 2+ deep tendon reflexes. Treatment recommendations at that time included a pain management consultation and radiofrequency ablation from L5-S1 bilaterally. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation - L5-S1 Bilaterally:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state prior to a facet joint radiofrequency neurotomy, the treatment requires a diagnosis of facet joint pain using a medial branch block. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. As per the documentation submitted, the injured worker is status post lumbar functional benefit at L5-S1 on 08/22/2014. Although it was noted that the injured worker reported 70% improvement in symptoms, there was no objective evidence of functional improvement. Therefore, the current request is not medically appropriate at this time.