

<b>Case Number:</b>	CM14-0175876		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/09/2003
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 65-year-old female with date of injury of 01/09/2003. The listed diagnoses per [REDACTED] from 09/08/2014 are degenerative lumbar/sacral intervertebral disc; spinal stenosis of the lumbar spine without neuro claudication; sciatica; and enthesopathy hip region. According to this report the patient complains of low back pain. She reports an aching and burning nature in her right lower back. It radiates to the upper gluteal fossa. She rates her pain 5 to 6/10. Examination shows tenderness to palpation to the right mid and lumbosacral junction. Limited extension and right lateral bend in the lumbar spine. Negative straight leg raise. Normal hip range of motion. Strength is 5/5. Reflexes 1/4. Normal FABERS test. Painful right cross adduction. Tenderness to palpation in the right greater trochanter. The documents include a facet block operative report from 06/26/2014, physical therapy reports from 06/07/2014 to 06/24/2014. The utilization review denied the request on 10/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation at the right L3-L4 and L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Low Back - Lumbar & Thoracic (Acute & Chronic)

**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 Chapter on Facet joint radiofrequency neurotomy

**Decision rationale:** The patient presents with low back pain. The provider is requesting Radiofrequency Ablation at the right L3-L4 and L5-S1. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines are referenced. Official Disability Guidelines states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. The operative report dated 06/26/2014 shows that the patient underwent a right L3-L4 and L5-S1 facet blocks. The 07/07/2014 progress report shows that the patient continues to complain of right lower back pain at a rate of 1 to 2/10. Her pain radiates to the right hip and thigh. The patient states that she utilizes Ultram sparingly since her injection. The provider notes that the patient responded well to facet blocks with immediate resolution. The 09/08/2014 report notes that the patient is doing well. She reports right lower back pain that radiates to the upper gluteal fossa. The patient rates her pain 5 to 6/10. The provider notes that the patient reports significant immediate relief and sustained improvement over the course of two months following her facet block. Her pain has now returned to its pre-injection level. In this case, given the patient's significant reduction from facet injection, an RF ablation is the next logical step. While dorsal medial branch blocks are preferred diagnostic procedure, facet injections can provide the information necessary to consider RF ablation as well. Therefore, this request is medically necessary.