

<b>Case Number:</b>	CM14-0034373		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 patient is a 57 year old female who was injured on 01/14/2004. The mechanism of injury is unknown. Prior treatment history has included lumbar medial branch block on 05/07/2013. The patient underwent lumbar radiofrequency ablation (RFA) on 07/16/2013. A progress report dated 01/08/2014 indicates the patient presented for a followup of lower back and bilateral knee pain. There are no acute changes in the pain condition. She reports the pain goes down the bilateral lower extremities occasionally. She reports her pain as an 8/10 with medications. Objective findings on exam revealed lumbar extension to 10 degrees; flexion to 40 degrees; left lateral bending to 10 degrees and right lateral bending to 20 degrees. Diagnoses are patella chondromalacia, chronic pain, lumbosacral spondylosis, lower leg joint pain, carpal tunnel syndrome, and forearm joint pain. The treatment and plan included a UDT and bilateral lumbar RFA of each additional level. Prior utilization review dated 02/20/2014 states the prospective request for L3-L4 and L4-L5 bilateral permanent lumbar facet injection under fluoroscopic guidance and intravenous sedation is not certified as the submitted reports failed to indicate objective evidence of facet mediated pain to warrant this request; therefore medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for L3-L4 and L4-L5 Bilateral Permanent Lumbar Facet Injection (Radiofrequency Ablation) under Fluoroscopic Guidance and Intravenous Sedation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Lumbar & Thoracic, Facet joint intra-articular injections (therapeutic blocks) & Facet joint radiofrequency neurotomy.

**Decision rationale:** There is limited evidence indicating that the patient's back pain is facet mediated. Furthermore according to guidelines, the lumbar facet radiofrequency is considered when the patient has failed conservative management and there is documentation of more than 50% pain relief with prior facet block / medial nerve branch block. There is no record of failure of conservative management such as physical therapy in this patient. There is no documentation of over 50% pain relief in this patient. Therefore, the medical necessity of the request is not established based on the available information.