

<b>Case Number:</b>	CM14-0035814		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 3/26/13 date of injury. At the time (3/11/14) of the Decision for Lumbar Radiofrequency ablation, there is documentation of subjective (moderately severe low back pain that does not radiate with no associated weakness, numbness or tingling in lower extremities) and objective (tenderness of thoracolumbar spine L4-5 midline, restricted back range of motion, bilateral patellar and Achilles deep tendon reflexes 2/4, sensation intact to light touch and pinprick in all dermatomes of bilateral lower extremities, and straight leg raising test negative) findings, current diagnoses (osteoarthritis lumbar spine, back pain, and lumbar spinal stenosis), and treatment to date (physical therapy, chiropractic therapy, home exercise program, medications, and two lumbar epidural steroid injections). There is no documentation of at least one set of diagnostic medial branch blocks, no more than two joint levels will be performed at one time, and a formal plan of additional evidence-based conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Radiofrequency ablation:** 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) - Radiofrequency Ablation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis lumbar spine, back pain, and lumbar spinal stenosis. However, there is no documentation of at least one set of diagnostic medial branch blocks. In addition, given documentation of the requested Lumbar Radiofrequency ablation there is no documentation of more than two joint levels will be performed at one time. Furthermore, there is no documentation of a formal plan of additional evidence-based conservative care. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Radiofrequency ablation is not medically necessary.