

<b>Case Number:</b>	CM14-0039183		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 59 y/o male who sustained an industrial injury on 02/07/2013. The mechanism of injury was not provided for review with this request. His diagnoses include thoracic and lumbar degenerative disc disease, and thoracic and lumbar radiculitis and neuritis. He continues to complain of low back pain with radiation to the right hip and right buttock. On physical exam he ambulates with an antalgic gait without use of an assistive device. There was tenderness to palpation of the lumbar paraspinal musculature in the right L5-S1 segment. The range of motion of the lumbar spine was decreased secondary to pain. There were no motor or sensory deficits in the bilateral lower extremities. Treatment has included medical therapy with Norco and Naprosyn and facet injections. The treating provider has requested radiofrequency ablation at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Radiofrequency ablation at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**Decision rationale:** The documentation provided does not contain a procedure report for a positive diagnostic medical branch block following the guideline criteria for diagnostic validity (no more than 2 joint levels performed, no IV sedation, no more than 1/2cc injectate used at each level). The patient underwent therapeutic facet injections using 1 cc of Celestone, 1cc of Lidocaine, and 1 cc of Marcaine. Despite this, the patient only reported a 40% relief. The guidelines require 70% or more relief concordant with the duration of local anesthetic used. Medical necessity for the requested service is not established. The requested service is not medically necessary.