

<b>Case Number:</b>	CM14-0040091		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Medicine 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 injured worker is a 57 year old male whose date of injury is 01/14/03. The records indicate that the injured worker has a history of multiple pain problems due to multiple injuries sustained while working for the sheriff's department. He is status post L4-5 fusion on 09/23/03. The injured worker also has undergone a prior radiofrequency ablation procedure. The injured worker was seen on 02/12/14 for continued low back pain and foot pain. The injured worker stated that he is continuing treatment for anxiety and depression. The injured worker reports that his back pain is worse with anxiety. Examination reported antalgic gait and ambulates with a cane. The injured worker diagnoses include lumbar post laminectomy syndrome, and repeat request for authorization of the lumbar facet nerves was recommended to address low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L5 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, Low Back Chapter.

**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, Facet joint radiofrequency neurotomy.

**Decision rationale:** Per ODG, while repeat neurotomies may be required, they should not occur at an interval of less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The injured worker is noted to have had RFA in June 2012 which did help; however, there is no objective assessment of the extent of relief obtained with at least 50% improvement. There also is no evidence of a formal plan of evidence-based conservative care in addition to facet joint therapy. It is noted that the injured worker has a history of lumbar fusion surgery at L4-5. ODG notes that diagnostic facet medial branch blocks (and consequently subsequent radiofrequency ablation) should not be performed at a previously fused level. There is no rationale as to why this procedure was done at the previously fused L4-5 level. Based on the clinical information provided, medical necessity is not established for L3-L5 radiofrequency ablation.