

<b>Case Number:</b>	CM14-0053632		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/29/1986
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Nevada. 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 67 year-old female who was reportedly injured on 7/29/1986. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 6/16/2014, indicates that there are ongoing complaints of low back, neck, mid-back, and upper extremity pain. The physical examination demonstrated cervical spine: moderate tenderness over the spinous processes mainly at the cervical/thoracic junction. Minimal tenderness in the paraspinal muscles, and trapezius. No tenderness over the nerve roots on either side of the neck. Upper extremities: unremarkable exam. Lumbar spine: decreased range of motion, moderate tenderness over the spinous processes mainly at the lumbar/sacral junction. Moderate tenderness in the paraspinal muscles, and at the sacroiliac joints. While tenderness over the right sciatic nerve with moderate tenderness over the left sciatic nerve. Lower extremities: deep tendon reflexes 1+ of the knees, unattainable at the ankles. Straight leg test is done to a 70 with some hamstring tightness bilaterally associated with left side radicular leg pain without any right side radicular pain. Also some low back pain mainly with lifting the left leg. Minor tenderness of the right/left greater trochanter. Fabers test is moderately positive on the left side but negative on the right. No recent diagnostic studies are available for review. Previous treatment includes previous radiofrequency ablations, medications, and conservative treatment. A request was made for bilateral lumbar radiofrequency at L5-S1 to be performed on separate dates and was not certified in the pre-authorization process on 3/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar radiofrequency L4, L5-S1 on separate dates.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 online-treatment of low back conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** There is no recommendation for or against the use of radiofrequency neurotomy, neurotomy or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. One procedure might be tried after failure of non-invasive treatments including non-steroidal anti-inflammatory drugs and a quality exercise program or as a means to help with participation in an active rehabilitation program. It is reasonable to attempt a second lesion after 26 weeks in patients who had greater than 50% improvement in pain from first procedure for the first 8 weeks with a late return of pain. There is no recommendation for additional procedures. According to the above stated guidelines the injured worker does have chronic low back pain, but there is no documented physical exam findings in the most recent note. Therefore, according to guidelines this request is deemed not medically necessary.