

<b>Case Number:</b>	CM14-0065835		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Occupational 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:

This is a 73-year-old male who sustained injury on 05/09/2002 to his lower back. Treatment history includes medications, physical therapy, injections including medial branch blocks. A progress report dated 04/09/2014 indicates that she presented for follow-up and reevaluation since last visit on 02/12/2014 and bilateral L3-4-5 MBB (medial branch block) on 03/19/2014 noting he had pain relief for a day or so but was sore after the injection for about 8 hours after the injection; then he had another episode of relief on the day after that and did not even take any pain medications. The following day he woke up with minimal pain. The relief lasted for about 2 days. He was able to walk/stand with less pain. Fentanyl patch was helping with baseline pain. Lorzone trial worked okay. He was using a cane for ambulation again now. He was hoping the RFA (Radio Frequency Ablation) would help now long term. Average pain since last visit was 7-8/10, mood since last visit 7-8/10, and functional level since last visit 7-8/10. On exam, he continues to have ongoing return of baseline axial back pain in his low back, consistent with spondylosis. He has lumbar paraspinal muscle tenderness. He notes some low back spasm again. He walks with a single point cane and had a slightly ataxic gait. There are no new neurological deficits noted. He has low back pain consistent with spondylosis of lower lumbar spine. Diagnoses include lumbago, thoracic/lumbosacral radiculitis; and degenerative lumbar/lumbosacral interveterbral disc. The utilization review (UR) dated 04/18/2014 indicates the request for right sided radiofrequency ablation at the left L3, L4, and L5 levels was denied because the use of focal interventional pain management techniques would not be appropriate for widespread lesioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left lumbar radiofrequency ablation (RFA) at the L3, L4 and L5 levels under fluorscopy:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ACOEM web site- <https://www.acoempracguides.org/lowback>.

**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 Diagnostic Blocks, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** CA MTUS guidelines do not discuss the issue in dispute, so ODG guidelines were consulted. The patient underwent successful facet joint diagnostic block of L3-5 on 3/19/14. While facet joint radiofrequency neurotomy is under study and conflicting evidence exists with regard to efficacy, the patient meets guideline criteria for the procedure and has reportedly had success with the procedure in the past. Medical necessity is established.