

<b>Case Number:</b>	CM14-0070135		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/24/1997
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 patient is a 45 year old male who was injured on 09/24/1997. The patient underwent a left lumbar L4-L5 transforaminal epidural steroid injection. Prior medication history included Avinza, Soma, Vicoprofen, and Theramine. Progress report dated 03/27/2014 states the patient complained of low back pain, hip pain, and leg pain. He described it as sharp, aching and throbbing in nature. He rated it as 9/10 at its worse. He reported difficulty sleeping due to the pain. He cannot tolerate prolonged sitting, standing or walking. On exam, there is no evidence of scarring. There is tenderness noted in the left lumbar paravertebral regions at L4-L5 and L5-S1 levels. Extension of the lumbar spine is positive for back pain. He is diagnosed with lumbar degenerative disc disease, lumbar disc herniation, lumbosacral radiculopathy, facet joint syndrome, lumbosacral spondylosis without myelopathy. He is recommended to have a L3-L4, L5-S1 on Request for Authorization. Prior utilization review dated 04/10/2014 states the request for Radiofrequency lesioning, left at L3-4, L5-S1 is not authorized as is determined not medically necessary. As per 8/20/13 note, patient had radiofrequency lesioning at left L2,3,4,5 and S1 that provided 70% relief. Guidelines indicate repeat neurotomies require evidence of documented decrease in medication, improvement in function and forman plan of additional conservative care, which were not shown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency lesioning, left at L3-4, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter, Facet joint radiofrequency neurotomy. Criteria for the use of facet joint radiofrequency neurotomy.

**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, Facet joint radiofrequency neurotomy.

**Decision rationale:** The CA MTUS guidelines have not addressed the issue of dispute in detail. According to the ODG, indicate repeat neurotomies require evidence of documented decrease in medication, improvement in function and forman plan of additional conservative care. Prior utilization review dated 04/10/2014 the 8/20/13 note documented that patient had radiofrequency lesioning at left L2,3,4,5 and S1 that provided 70% relief. However, there was no evidence of documented decrease in medication, improvement in function and forman plan of additional conservative care. Therefore, the request is not medically necessary and appropriate.