

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0082253 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 02/16/2005 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 05/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2014 |

### 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 Neurology, 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:

According to the report dated 5/13/14, the injured worker's low back pain is gradually getting worse, mostly on the left side. The MRI of the lumbar spine is reported to show spinal stenosis especially at L3-4 and facet joint arthropathy at multiple levels. The injured worker is reported to have had 70 to 80% improvement over 6 months from previous radiofrequency and appears to be wearing off. This is reported to have been done on 6/19/13 at the L3 and L4 level bilateral. She was reported to have been more active, lost weight and reduced narcotics. Examination notes pain in neck with restricted range of motion (ROM). It is noted that there is a scar of previous anterior cervical discectomy and fusion (ACDF) and pain in the lumbar spine with ROM with positive facet loading bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Radiofrequency Lesioning Bilateral: Lumbar 3, Lumbar 4 Quantities: 2:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines: Low Back, Lumbar and Thoracic (Acute and Chronic); Criteria for use of Facet Joint Radiofrequency Neurotomy.

**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:** The medical records provided for review indicate previous procedure provided 70 to 80% improvement in pain with functional gain lasting greater than 6 months. Repeat radiofrequency ablation (RFA) is supported for patients with greater than 50% improvement lasting 6 months or longer. Therefore, repeat radiofrequency lesioning bilateral: lumbar 3, lumbar 4 quantities: 2 are medically necessary.

**Cervical Spine X-ray Quantity:1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines: Low Back, Lumbar and Thoracic (Acute and Chronic); Radiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, radiographs.

**Decision rationale:** The medical records provided for review support the insured has previous cervical surgery with marked reduced ROM on exam and radiograph is supported to evaluate neck pain with history of previous neck surgery as supported by ODG. Therefore, a cervical spine x-ray is medically necessary.