

<b>Case Number:</b>	CM14-0088739		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Orthopaedic Surgery, 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 31 year old male who sustained an industrial injury to the low back in a slip and fall injury off of a semi-trailer to the ground at work on 4/25/13. A magnetic resonance imaging (MRI) of the lumbar spine on 7/15/13 demonstrated an L5-S1 Grade I spondylolisthesis with bilateral pars defects and mild bilateral foraminal narrowing. He has a chronic L5 and S1 radiculopathy on electrodiagnostic testing. Lumbar facet loading maneuvers are positive and he has increased low back pain in extension. There are no sensory or motor deficits on examination. Medial branch blocks bilaterally at L3, 4, 5, and S1 on 4/30/14 were positive. The injured worker's pain has not responded to epidural steroid injection (ESI), physical therapy (PT), activity modification and medications. Radiofrequency ablation at L3, 4, 5, and S1 bilaterally has been requested and this was denied. That denial is being appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right radiofrequency ablation at levels L3, L4, L5 and sacral ala (S1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 12/27/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines do not address radiofrequency ablation procedures. The American College of Occupational and Environmental Medicine (ACOEM) guidelines do not recommend radiofrequency ablation procedures for the treatment of any spinal condition. The Official Disability Guidelines (ODG) state that lumbar radiofrequency ablation (RFA) is under study and do not recommend lumbar radiofrequency ablation except on a case by case basis and then only if all other etiologies of lumbar pain have been eliminated. Lumbar radiofrequency ablation is not recommended in the presence of radiculopathy. If lumbar radiofrequency ablation is to be considered, no more than 2 levels should be carried out at any one time. As the American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend against radiofrequency ablation for any lumbar indication and the Official Disability Guidelines (ODG) recommend against radiofrequency ablation in the face of a concurrent radiculopathy, the requested right radiofrequency ablation at levels L3, L4, L5 and sacral ala (S1) cannot be recommended for certification.