

<b>Case Number:</b>	CM14-0094473		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### **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 Texas. 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:

Medical records reflect the claimant is a 52 year old female who sustained a work injury on 9-1-04. On 5-8-14, the claimant was seen urgently due to increased pain over the last three weeks. The claimant had a diagnosis of piriformis syndrome. The claimant had severe pain in the right lower back with pain upon extension and rotation. There was tenderness to palpation over the right L4-L5 and L5-S1 facet joints, greater trochanter, piriformis muscle and inferior to the sacroiliac joint.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right side lumbar radiofrequency at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** ACOEM notes that therapeutic facet joint injections are not recommended for treatment of acute, subacute, or chronic low back pain. ODG notes that radiofrequency neurotomies is under study. Medical Records reflect the claimant had had severe pain in the right lower back with pain upon extension and rotation. There was tenderness to palpation over the right L4-L5 and L5-S1 facet joints, greater trochanter, piriformis muscle and inferior to the sacroiliac joint. However, there is an absence in documentation noting that this claimant had medial branch diagnostic block, which is required even to consider this procedure, which is under study. Therefore, the medical necessity of this request is not established.