

<b>Case Number:</b>	CM14-0184542		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 43-year-old [REDACTED] beneficiary who has filed a claim for a chronic low back pain reportedly associated with an industrial injury of July 1, 2002. In a Utilization Review Report dated October 14, 2014, the claims administrator failed to approve a request for multilevel lumbar facet blocks. An RFA form received on October 7, 2014 was referenced in the determination. The claims administrator invoked non-MTUS ODG guidelines in favor of MTUS guidelines, it was incidentally noted. The applicant's attorney subsequently appealed. In a progress note dated February 26, 2015, the applicant reported ongoing complaints of low back and neck pain. The attending provider stated that the applicant was using 100 tablets of oxycodone monthly. Multiple medications were refilled. Multilevel cervical facet blocks were proposed. It was suggested that the applicant was employed. In a January 15, 2015 progress note, the applicant reported ongoing complaints of low back pain. The attending provider maintained that the applicant's axial back pain complaints had been significantly ameliorated following the previous facet neurotomy procedure. The attending provider maintained that the applicant's consumption of hydrocodone was diminished as a result of the previous facet neurotomy procedures. The applicant was working three to five days a week. 5/5 lower extremity strength was appreciated bilaterally. Some minimal discomfort was appreciated on range of motion testing about the lumbar spine. On October 14, 2014, lumbar radiofrequency ablation procedures were sought while Norco was renewed. It was again reiterated that the applicant had demonstrated a favorable response to an earlier set of injections and was seemingly maintaining full-time work status.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Lumbar Radiofrequency at The L4-5 and L5-S1 Facet Joints Under Fluoroscopy with Intravenous Sedation:** 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), Low Back: Facet Joint Radiofrequency Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Yes, the request for a lumbar radiofrequency ablation procedure at L4-L5 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomy (AKA radiofrequency ablation) procedures should be performed only after appropriate investigation involving controlled differential dorsal ramus diagnostic medial branch blocks. Here, the applicant has apparently had preceding medial branch blocks as well as a previous set of lumbar radiofrequency ablation procedures/lumbar facet neurotomy procedures. The applicant has demonstrated a favorable response to the same as evinced by her maintaining a successful work status with the same. The applicant's medication consumption was diminished as a result of prior lumbar radiofrequency ablation procedures and facet neurotomy procedures, the attending provider maintained. Moving forward with a repeat set of facet neurotomy procedures/lumbar radiofrequency ablation procedures, thus, was indicated, in light of the applicant's having demonstrated functional improvement in terms of the parameters established in MTUS 9792.20f with earlier blocks. Therefore, the request was medically necessary.