

<b>Case Number:</b>	CM14-0189478		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 65 year old female who was injured on 10/20/2010. The diagnoses are low back pain, lumbar radiculopathy, lumbar facet syndrome and lower extremities pain. The treatments completed are physical therapy, pool therapy, massage therapy, chiropractic treatments and medication managements. The patient had had multiple epidural steroid injections, lumbar facet injections and rhizotomy RFA procedures. On 10/8/2014, [REDACTED] noted subjective complaints of low back pain radiating to the left lower extremities associated with numbness and tingling sensations. The pain score was rated at 10/10 without medications but 4/10 with medications on a scale of 0 to 10. There was objective finding of positive straight leg raising test, tenderness on palpation of the lumbar spine, muscle spasm and sensory loss in bilateral lower extremities. There was 60-70% reduction in pain following diagnostic facet medial branch blocks for which the left L3-4 and dorsal ramus left L5 RFA is being requested. The past RFA provided greater than one year of pain relief. [REDACTED] indicated that a repeat MRI will be necessary before the RFA procedure because there were signs and symptoms of progressive nerve damage. The medications are Norco and Tizanidine. A Utilization Review determination was rendered on 10/27/2014 recommending non certification for left L3-4 and dorsal ramus left L5 RFA MB.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-4 and Dorsal Ramus left L5 radiofrequency ablation MB: Upheld**

**Claims Administrator 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 Chapter

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

**Decision rationale:** The CA MTUS did not address the use of facet ablation/rhizotomy in the treatment of lumbar facet syndrome. The ODG guidelines recommend that facet median branch ablation RFA can be utilized for the treatment of lumbar facet pain that did not respond to conservative treatment with medications and physical therapy. The records indicate that there was significant pain relief following diagnostic facet median branch block. [REDACTED] noted that the patient had clinical findings indicative of progressive nerve involvements. It was noted that a diagnostic MRI would be necessary before the lumbar facet RFA procedure. The patient did have significant subjective and objective findings indicating of lumbar radiculopathy. The criteria for left L3-4 and dorsal ramus left L5 radiofrequency ablation RFA was not met.