

<b>Case Number:</b>	CM14-0203227		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/01/1995
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 1, 1995. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve a lumbar radiofrequency ablation procedure and associated followup visit. Non-MTUS ODG Guidelines were invoked. The claims administrator incorrectly stated that the ACOEM did not address the topic. The claims administrator noted that the applicant was status post earlier multilevel lumbar laminectomy surgery. A November 11, 2014 progress note was referenced in the rationale. The applicant's attorney subsequently appealed. On July 2, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg status post recent epidural steroid injection of February 3, 2014. The applicant was asked to continue current medication regimen of Norco, Soma, and Lyrica. A spinal cord stimulator pre-program was also suggested. The applicant's work status was not furnished. On September 9, 2014, bilateral L4-L5 and L5-S1 radiofrequency ablation procedure was sought. The applicant had undergone a spinal cord implant and was given a primary diagnosis of lumbar radiculitis. Persistent complaints of low back pain radiating to the bilateral lower extremities was evident with positive straight leg raising also noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-S1 and L5-L6 radiofrequency ablation times one (1) with a follow up visit:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309; 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joints injections, which the proposed radiofrequency alteration procedures are a subset, are deemed "not recommended." While ACOEM does qualify its overall unfavorable position on facet injections and associated radiofrequency neurotomy procedures by noting that facet neurotomy procedures can be performed/can be considered in applicant's in whom appropriate investigation involving differential dorsal ramus medial branch diagnostic blocks have been performed, in this case, however, there is considerable lack of diagnostic clarity present here. The applicant's primary pain generator appears to be residual lumbar radiculopathy status post earlier multilevel lumbar laminectomy surgery and status post earlier spinal cord stimulator implantation surgery. The applicant is using Lyrica, an adjuvant medication, for residual radicular pain complaints. The applicant received a prior epidural steroid injection in 2014. All of the foregoing, taken together, strongly suggested that the applicant's pain generator is, in fact, lumbar radiculopathy as opposed to facetogenic or discogenic low back pain for which the radiofrequency ablation procedure in question could be considered. The request, thus, is not indicated both to the considerable lack of diagnostic clarity present here, as well as to the unfavorable ACOEM position on the article at issue. Therefore, the proposed L4-S1, and L5-L6 radiofrequency ablation procedure with associated follow-up visit is not medically necessary.