Case Number:	CM14-0204971		
Date Assigned:	12/17/2014	**Date of Injury:**	11/08/2009
Decision Date:	02/26/2015	**UR Denial Date:**	11/24/2014
Priority:	Standard	**Application Received:**	12/08/2014

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

37 year old female injured worker who sustained an injury on November 8, 2009. A progress note dated December 12, 2014 includes a complaint of low back pain radiating down the right greater than left lower extremity. Pain was rated at 7/10 and increased with prolonged standing, bending, lifting heavy objects. Current treatment includes psychotherapy and previous treatment has included a right-sided lumbar spine epidural steroid injection at L5 and S1, physical therapy, home exercise, lumbar medial branch blocks at L4 and L5 and a bilateral L3 through L5 medial branch radiofrequency nerve ablation. The physical examination on this date reveals increased lumbar lordosis and decreased lumbar spine range of motion. There were paravertebral muscle spasms and tenderness along the lumbar spine region. A neurological examination revealed decreased muscle strength of 4+/5 of the bilateral EHL and plantar flexors as well as decreased sensation along the medial and lateral border of the right leg. There was a positive right sided straight leg raise test at 40 to 50 and a positive left-sided test at 50 to 60. Diagnoses included a lumbar disc bulge at L3 - L4 and L5 - S1, left lumbar radiculitis, chronic myofascial pain syndrome, depression, right sided sacroiliac joint dysfunction, and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time bilateral L3, L4 and L5 medial branch radiofrequency lesioning: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Radiofrequency Neurotomy, Updated January 30, 2015.

Decision rationale: It is noted that the MTUS makes no specific recommendation for the use of radiofrequency ablation. The attached medical records indicate that the injured employee has underwent a previous L3, L4, and L5 medial branch radiofrequency nerve ablation performed on September 4, 2013. A follow-up note after this date does not indicate that the injured employee has had any significant pain relief from this procedure and pain was still rated at 6-7/10. Furthermore, the Official Disability Guidelines indicates that there repeat neurotomy is considered there should be at least 50% relief for 12 weeks time from the previous procedure. Considering that there is no documented objective pain relief from the prior radiofrequency lesioning, this request for a second bilateral L3, L4, and L5 medial branch radiofrequency nerve lesioning is not medically necessary.