

<b>Case Number:</b>	CM14-0207389		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/05/2002
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 injured worker is a 63-year-old female who reported an injury on 04/05/2002. The mechanism of injury was not specified. Her diagnoses include lumbar spondylosis, lumbar radiculitis, L5-S1 facet arthropathy, multilevel slight disc bulges, fatty filum at S1 and S1, and chronic pain syndrome. Her past treatments include lumbar epidural steroid injections, bracing, physical therapy, narcotic medication, muscle relaxants, and NSAIDs. The diagnostic studies include an MRI of the lumbar spine dated 08/04/2014, which revealed L1 through S1 disc bulging, with no evidence of central canal stenosis or neural foraminal stenosis. There was also evidence of L2-3 through L5-S1 mild to moderate facet arthropathy, as well as L2-3 mild posterior ligamentous hypertrophy. Her surgical history includes a lumbar surgery in 09/2013. On 08/05/2014, the injured worker presented with ongoing low back pain that radiated down into the right lower extremity, with associated numbness and tingling. She also reported involuntary movement and a "burning" sensation. The physical examination revealed decreased range of motion in the lumbar spine, as well as concordant pain with lumbar facet loading positions. She also had tenderness to palpation over the lumbar region. Her medications include magnesium, B complex, acid reducer, ibuprofen, and simvastatin. The treatment plan included a recommendation for a bilateral L3-S1 facet joint nerve ablation to provide pain relief. A Request for Authorization form was submitted for review on 11/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left L3-S1 (lower back) facet joint nerve ablation as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): <http://www.acoempracguides/> Low Back: Table 2, Summary of Recommendation.

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

**Decision rationale:** The Official Disability Guidelines criteria for facet joint radiofrequency neurotomy include a diagnosis of facet joint pain corroborated by a positive response to a medial branch block, and no more than 2 joint levels treated at 1 time. The medical records indicate the injured worker underwent a right facet joint nerve block of the L3 through L5 between 02/2007 and 12/2010, with "good relief" from the blocks. There was no evidence of at least 70% relief for a minimum of 2 hours following a medial branch block to the left L3 through S1. Moreover, the requested treatment exceeds the guideline recommendation of 2 levels per 1 session. As such, the request for 1 left L3-S1 (lower back) facet joint nerve ablation as an outpatient is not medically necessary.