

<b>Case Number:</b>	CM15-0001320		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/30/1996
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 71 year old male, who sustained an industrial injury on 05/30/1996. He had reported a left knee injury. The diagnoses have included lumbosacral spondylosis without myelopathy. Treatments to date have included knee and hip surgeries, physical therapy, lumbar facet medial nerve block on 12/09/2014, and medications. Diagnostics to date have included Pelvis CT on 08/13/2014 which showed status post bilateral total hip arthroplasty with no evidence of hardware failure or loosening. Currently, the IW complains of low back pain. The physician stated due to the positive response of the first medical branch block, they are recommending a second left lumbar facet joint medial branch nerve block at level L3, L4, L5 for therapeutic and diagnostic purposes. This will be followed by radiofrequency ablation. On 12/16/2014, the injured worker submitted an application for IMR for review of Radiofrequency Ablation. On 12/22/2014, Utilization Review non-certified the above request noting the outcome of second medial branch diagnostic blocks must be determined in order to confirm facet arthropathy at those levels as the pain generator. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (web), 2014 Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Facet joint radiofrequency neurotomy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 12/9/14 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification.