

<b>Case Number:</b>	CM15-0001332		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 53 year old female, who sustained an industrial injury on 1/17/2003. She has reported back pain with numbness and tingling down right leg. The diagnosis have included lumbar facet arthropathy, lumbar radiculopathy, and lumbar disc protrusion. Treatment to date has included a home exercise program, medial branch blocks with Lidocaine under fluoroscopy on July 10, 2014, reporting 100% pain relief lasting five hours and 50% relief lasting for a few days afterwards. Currently, the IW complains of continued low back pain rated 0-7/10 VAS, noted to be increasing. Sleeping with medication, medication list not provided. Physical exam documented positive Patrick's test and facet loading test. As well as tenderness over cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, SI joint, greater trochanteric bursa and knee. Prior radiographic imaging completed was documented to show no acute finding on x-ray and disc protrusions at L2-L5 and L5-S1. The diagnoses included lumbago, lumbar facet dysfunction, anxiety depression and myalgia. On 12/15/2014 Utilization Review non-certified a bilateral L3, L4, and L5 medial branch radiofrequency ablation, noting the documentation did not support ODG criteria was met. The ODG guidelines were cited. On 1/5/2015, the injured worker submitted an application for IMR for review of bilateral L3, L4, and L5 medial branch radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4 and L5 medial branch radiofrequency ablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,301. Decision based on Non-MTUS Citation low back

**Decision rationale:** Bilateral L3, L4 and L5 medial branch radiofrequency ablation is not medically necessary per the MTUS Guidelines, and the ODG. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that no more than two joint levels are to be performed at one time. The request for bilateral 3 levels exceeds this recommendation. The request is therefore not medically necessary.