

<b>Case Number:</b>	CM15-0003422		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on April 9, 2009. He has reported injury to his back after a slip and fall. The diagnoses have included lumbago, sciatica, lumbar disc degeneration, spondylosis without myelopathy lumbar, radiculitis and sacroilitis. Treatment to date has included surgery, physical therapy, epidural injection and medications. Currently, the injured worker complains of pain localized to the back area described as throbbing. He rated the pain as a 5 on a 1-10 pain scale. Worsening factors include exercise and alleviating factors include medication and rest. The pain medication improved the pain 60% and without it he would be unable to sleep. An epidural injections provided 50% relief lasting for about one month. He tried physical therapy but noted that it caused him to have worse pain. On December 16, 2014, Utilization Review non-certified a left L3-4 medial branch block radiofrequency, left L4-5 medial brand block radiofrequency, right L3-4 medial branch block radiofrequency, right L4-5 medial branch block radiofrequency and moderate sedation services, noting the American College of Occupational and Environmental Medicine and Official Disability Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of left L3-4 medial branch block radiofrequency, left L4-5 medial branch block radiofrequency, right L3-4 medial branch block radiofrequency, right L4-5 medial branch block radiofrequency and moderate sedation services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-L4 medial branch block radiofrequency: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on April 9, 2009. The medical records provided indicate the diagnosis of lumbago, sciatica, lumbar disc degeneration, spondylosis without myelopathy lumbar, radiculitis and sacroilitis. Treatment has included surgery, physical therapy, epidural injection, Medial branch block and medications. The medical records provided for review do not indicate a medical necessity for Left L3-L4 medial branch block radiofrequency. The injured worker had similar procedure in the bilateral low back in April 2014, but reported lack of improvement. The Official Disability Guidelines recommendation for repeat injection is 50% pain reduction lasting for 12 weeks, accompanied with reduction in the need for medications and functional improvement. Also, the repeat injection should be at least after six months following the injection. The requested treatment is not medically necessary and appropriate.

**Left L4-L5 medial branch block radiofrequency: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on April 9, 2009. The medical records provided indicate the diagnosis of lumbago, sciatica, lumbar disc degeneration, spondylosis without myelopathy lumbar, radiculitis and sacroilitis. Treatment has included surgery, physical therapy, epidural injection, Medial branch block and medications. The medical records provided for review do not indicate a medical necessity for Left L4-L5 medial branch block radiofrequency. The injured worker had similar procedure in the bilateral low back in April 2014, but reported lack of improvement. The Official Disability Guidelines recommendation for repeat injection is 50% pain reduction lasting for 12 weeks, accompanied with reduction in the need for medications and functional improvement. Also, the repeat injection should be at least after six months following the injection. The requested treatment is not medically necessary and appropriate.

**Right L3-L4 medial branch block radiofrequency: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on April 9, 2009. The medical records provided indicate the diagnosis of lumbago, sciatica, lumbar disc degeneration, spondylosis without myelopathy lumbar, radiculitis and sacroilitis. Treatment has included surgery, physical therapy, epidural injection, Medial branch block and medications. The medical records provided for review do not indicate a medical necessity for Right L3-L4 medial branch block radiofrequency. The injured worker had similar procedure in the bilateral low back in April 2014, but reported lack of improvement. The Official Disability Guidelines recommendation for repeat injection is 50% pain reduction lasting for 12 weeks, accompanied with reduction in the need for medications and functional improvement. Also, the repeat injection should be at least after six months following the injection. The requested treatment is not medically necessary and appropriate.

**Right L4-L5 medial branch block radiofrequency: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on April 9, 2009. The medical records provided indicate the diagnosis of lumbago, sciatica, lumbar disc degeneration, spondylosis without myelopathy lumbar, radiculitis and sacroilitis. Treatment has included surgery, physical therapy, epidural injection, Medial branch block and medications. The medical records provided for review do not indicate a medical necessity for Right L3-L4 medial branch block radiofrequency. The injured worker had similar procedure in the bilateral low back in April 2014, but reported lack of improvement. The Official Disability Guidelines recommendation for repeat injection is 50% pain reduction lasting for 12 weeks, accompanied with reduction in the need for medications and functional improvement. Also, the repeat injection should be at least after six months following the injection. The requested treatment is not medically necessary and appropriate.

**Moderate sedation services: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on April 9, 2009. The medical records provided indicate the diagnosis of lumbago, sciatica, lumbar disc degeneration, spondylosis without myelopathy lumbar, radiculitis and sacroilitis. Treatment has included surgery, physical therapy, epidural injection, Medial branch block and medications. The medical records provided for review do not indicate a medical necessity for Moderate sedation services. This procedure was intended to be used for Facet joint radiofrequency neurotomy. However, the injured worker had similar procedure in the bilateral low back in April 2014, but reported lack of improvement. The Official Disability Guidelines recommendation for repeat injection is 50% pain reduction lasting for 12 weeks, accompanied with reduction in the need for medications and functional improvement. Also, the repeat injection should be at least after six months following the injection. The requested treatment is not medically necessary and appropriate since the radiofrequency neurotomy has been determined to be not medically necessary.