

<b>Case Number:</b>	CM15-0006433		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male who reported an injury on 12/19/2011 due to an unspecified mechanism of injury. On 12/18/2014, he presented for a followup appointment. It was noted that he had no improvement in his pain. It was also stated that he had undergone medial branch blocks which were noted to be helpful and made him a candidate for radiofrequency ablation. His physical examination was noted to be unchanged and a motor examination of the lower extremities was noted to be intact. Information regarding his diagnoses was not provided. The treatment plan was for lumbar medial branch neurotomies with radiofrequency ablation at the bilateral L1, L2, and L3. The rationale for treatment was to alleviate the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch neurotomy with radiofrequency ablation at bilateral L1, L2, L3:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 Diagnostic Blocks/Facet joint radiofrequency neurotomy.

**Decision rationale:** According to the Official Disability Guidelines, medial branch blocks are recommended when clinical presentation is consistent with facet joint signs and symptoms and only if there is anticipation for a radiofrequency ablation. Radiofrequency ablations are only recommended when there has been adequate pain control from a medial branch block and only if there is evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. Based on the clinical documentation submitted for review, the injured worker was noted to have had improvement following a medial branch block. However, there was a lack of documentation showing that he is actively enrolled in a formal plan of additional evidence based conservative care to use in conjunction with a facet joint therapy as stated in the guidelines. Also, the request for a medial branch neurotomy and radiofrequency ablation would not be supported as there is no clear rationale for doing both at the same time. Also, a physical examination of the injured worker following the medial branch block was not performed to show that he has symptoms consistent with facet joint signs and symptoms. Therefore, the request is not supported. As such, the request is not medically necessary.