

<b>Case Number:</b>	CM15-0130334		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, Massachusetts

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 61 year old male who sustained an industrial injury on 12/6/10. Orthopedic consultation re-evaluation dated 5/6/15 reports continued complaints of pain in the low back and both shoulders, left greater than right. The back pain is constant and radiated down his right lateral thigh with numbness. Shoulder pain is described as burning and has improved from the surgeries. Progress note from 3/19/15 was referenced, stating scar tissue irritation was relieved with an injection and if symptoms continued he may need radio-frequency ablation at L4-5. Diagnoses include: lumbar spine spinal fusion L4-5 with residual L4-5 foraminal stenosis and bilateral shoulder decompression and AC joint resections. Plan of care: awaiting second opinion regarding lumbar spine, he continues to have foraminal stenosis at L4-5 and continued residual symptoms, recommend second opinion to determine what more can be done potential decompression at right sided L4-5. Vocational rehabilitation is anticipated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation left side L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections).

**Decision rationale:** While the MTUS guidelines are silent regarding RF ablation, the ACOEM guidelines states "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, facet joint diagnostic blocks are necessary prior to RF ablation of facet neurotomy is "limited to patients with low-back pain that is non-radicular" according to ODG. Based on the clinic records provided the IW reports radicular symptoms of the lumbar spine. Based on the cited guidelines and clinical reports provided, the requested RF ablation is not medically necessary.