

<b>Case Number:</b>	CM15-0132190		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/23/1978
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: 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 65-year-old female who sustained an industrial injury on 07/23/1978. Mechanism of injury was not found in documents presented. Diagnoses include lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, spinal stenosis without neurogenic claudicating, and chronic low back pain. Documented treatment to date has included diagnostic studies, medications, and past radiofrequency ablation. Her medications include Norco, and Baclofen. A physician progress note dated 06/25/2015 documents the injured worker complains of lumbar spine pain radiating into both buttocks and down her left leg. The pain is described as aching and constant, and she has pain 100% of the day. She rates her pain as 9 out of 10 today and at its worst it is 10 out of 10. She had a radiofrequency ablation done in 2012 and it provided 2 ½ years of relief. She is down to 1 Baclofen a day, and she tried to decrease the Hydrocodone but it did not help and she had to go back to 2 a day. She received a Toradol injection with this visit for pain relief. Treatment requested is for one (1) radiofrequency ablation bilateral L3-4, L4-5, and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) radiofrequency ablation bilateral L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic): Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, facet joint syndrome radiofrequency ablation.

**Decision rationale:** The patient presents with low back pain radiating into bilateral buttocks and down the left leg. The request is for One (1) Radiofrequency Ablation Bilaterally L3-L4, L4-L5, L5-S1. Physical examination to the lumbar spine on 04/28/15 revealed tenderness to palpation at the lower bilateral paraspinal muscles. Per 06/25/15 progress report, patient has failed conservative treatment with physical therapy, home exercise program, and anti-inflammatory medications. Patient's diagnosis, per 07/08/15 progress report include lumbosacral spondylosis without myelopathy, and back pain. Per 04/28/15 progress report, patient's medications include Valerian Root, Aspirin, Crestor, Baclofen and Norco. Patient's work status was not specified. Regarding radiofrequency ablation, ACOEM Guidelines page 300 and 301 state, "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". ODG Guidelines lumbar spine chapter under facet joint syndrome radiofrequency ablation section require a clear diagnosis of facet joint syndrome via positive dorsal medial branch diagnostic blocks to be able to perform radiofrequency ablation. ODG Guidelines lumbar spine chapter under facet joint syndrome require paravertebral tenderness, negative sensory examination, no radicular symptoms, although pain can at times radiate below the knee, and negative straight leg raise testing. In 06/25/15 progress report, it is stated that the patient has failed conservative treatment with physical therapy, home exercise program, anti-inflammatory medications, and time. Patient suffers with back pain that radiates into the buttocks and down the left leg and is diagnosis with lumbosacral spondylosis without myelopathy, and back pain. It is not clear if the patient has formerly received medial branch block at the requested levels. ODG guidelines require a diagnosis of facet joint pain using a medial branch block for radiofrequency ablation. Furthermore, facet joint evaluations or treatments are not recommended when radicular symptoms are present. Finally, facet evaluations and treatments are recommended for no more than 2 levels. The request does not meet guideline recommendations and therefore, it is not medically necessary.