

<b>Case Number:</b>	CM15-0140558		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

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

### 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 72 year old female, who sustained an industrial injury on 10-02-2008. Diagnoses include cervical disc disorder, lumbar disc disorder, lumbar degenerative disc disease, lumbar radiculitis, lumbar stenosis, cervical radiculopathy, cervical disc disorder and lumbar facet syndrome. Treatment to date for the lower back has included medications and prior radiofrequency ablation (2013). Current medications include Percocet, Robaxin, Xanax and Diclofenac sodium. Per the Primary Treating Physician's Progress Report dated 6-01-2015, the injured worker reported lower lumbar pain. Physical examination of the lumbar spine revealed restricted range of motion with all. Lumbar spine movements are painful with right and left lateral flexion and rotation. There was tenderness to the paravertebral muscles bilaterally. Facet loading and straight leg raise were positive bilaterally. She received a cervical epidural steroid injection. The plan of care included medication management. Authorization was requested for bilateral L3-5 radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-5 radiofrequency ablation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Facet Joint Diagnostic Blocks (injections).

**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 & Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work-related injury in October 2008 and is being treated for chronic low back pain. She underwent medial branch radiofrequency ablation in 2013. When seen, she was having low back pain. There was decreased and painful lumbar range of motion and positive facet loading. There was positive straight leg raising. If a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. In this case, the criteria are not met as the claimant's response to the previous treatment is not adequately documented in terms of degree and duration of pain relief. The request is not medically necessary.