

<b>Case Number:</b>	CM15-0149439		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 55-year-old male who sustained an industrial injury on July 26, 2013 resulting in low back and hip pain. He was diagnosed with lumbago and chronic pain syndrome. Documented treatment has included acupuncture with reported temporary relief, bilateral L2-3 medial branch blocks with 80 percent pain relief, physical therapy with report of no improvement, and medication, which is reported to help him engage in performing activities of daily living. The injured worker continues to report diffuse low back and bilateral hip pain. The treating physician's plan of care includes right then left L2 and L3 radiofrequency ablation. Work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right then left L2 and L3 radiofrequency ablation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Facet joint radiofrequency neurotomy.

**Decision rationale:** California MTUS guidelines indicate 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. ODG guidelines indicate that facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure. Furthermore, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In light of the foregoing, the request for radiofrequency neurotomy at L2 and L3 bilaterally is not supported and the request is not medically necessary.