

<b>Case Number:</b>	CM15-0193613		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Oregon, Washington  
 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 53 year old male, who sustained an industrial injury on 10-1-12. The injured worker is diagnosed with lumbar facet arthropathy and lumbar sprain-strain. His work-disability status is permanent and stationary. Notes dated 5-13-15 - 9-16-15 reveals the injured worker presented with complaints of constant low back pain described as sharp, burning and throbbing that is rated at 3-8 out of 10. The pain is increased by bending, walking, sitting, squatting and twisting and is relieved by changing position, short term sitting, walking and lying down. Physical examinations dated 5-13-15 -9-16-15 revealed tenderness over the right lumbar paraspinal and decreased and painful range of motion is noted. Treatment to date has included physical therapy an evaluation dated 6-18-15 states the injured worker would benefit from therapy, radiofrequency ablation provided relief for at least 6 months, medication and trigger point injections. A request for authorization dated 9-16-15 for lumbar radiofrequency ablation of bilateral L3-L4, L4-L5 under fluoroscopic guidance and physical therapy 2 times a week for 3 weeks is denied, per Utilization Review letter dated 9-25-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar radiofrequency ablation of B L3-4, L4-5 under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 radiofrequency neurotomy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 9/16/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

**Physical therapy 2 times per week for 3 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s):  
Physical Methods.

**Decision rationale:** CA MTUS states that: "As compared with no therapy, therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of therapy relative to massage, it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. (Erdogmus, 2007)". As this patient has not had surgery, the postoperative conditions do not apply. In this case, the requested 6 sessions of physical therapy are within the 20 sessions as defined by ODG and thus the recommendation is for certification. Therefore, the requested treatment is not medically necessary.