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| <b>Case Number:</b>   | CM15-0193711 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 07/23/2001 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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: Pennsylvania, Ohio, 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:

This is a 62 year old female with a date of injury on 7-23-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 8-14-15 reports continued complaints of persistent lower back pain rated 8 out of 10. The pain is described as constant, sharp, deep, aching, with intermittent stabbing and shooting pains into the buttock and lower extremity that increases with twisting, bending, walking and sitting. She reports that last injection helped her lower back. Objective findings: tenderness and spasm noted lumbar paraspinal muscle, stiffness with motion, tender to bilateral facet joints, increased pain with extension compared to flexion of low back and lower extremity strength is 4 out of 5. Radio-frequency ablation to left lumbar facetal joints was recommended due to fail conservative treatment of medication, physical therapy and rest. MRI of lumbar spine 9-30-13 revealed multilevel degenerative changes with mild to moderate central spinal canal stenosis at L4-5 and multilevel foraminal stenosis worst at L3-4. EMG and nerve conduction study of bilateral lower extremities 10-3-13 show no evidence of radiculopathy or peripheral neuropathy. Request for authorization was made for radio-frequency ablation, left lumbar facetal joints L4-L5, L5-S1. Utilization review dated 9-17-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation, Left lumbar facetal joints L4-L5, L5-S1: Upheld**

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

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

**Decision rationale:** ACOEM concludes that invasive lumbar techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. Moreover the medical history discusses radicular symptoms; thus the presentation is not clearly consistent with probable facet-mediated pain. For these multiple reasons, this request is not medically necessary.