

<b>Case Number:</b>	CM15-0194709		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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-work injury on 9-1-08. He reported initial complaints of right low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease and lower lumbar facet hypertrophy. Treatment to date has included medication, medial branch nerve block on 8-13-15, physical therapy, and diagnostics. Currently, the injured worker complains of back pain that included stiffness, radicular pain in the right and left legs and sharp pain that was rated 7 out of 10. Pain is worsened with flexion, hip flexion and rotation worsens condition along with weather conditions. There was left shoulder pain that is aching, tender, throbbing and rated 4 out of 10 and with numbness in the arm. There is substantial benefit from medications. Per the primary physician's progress report (PR-2) on 9-9-15, exam noted an antalgic gait favoring the left side, shuffling of the right leg, weakness in the lower extremities, 4+ out of 5 muscle strength, muscle strength in the hip is 2 out of 5. The left shoulder demonstrates slight reduction in height of the AC (acromioclavicular) joint on the left, decreased range of motion, diffuse tenderness to palpation with positive impingement sign. There is light touch sensation on the right, positive FABER maneuver right, pain over L4-5 and L5-S1 facets, positive straight leg raise, positive cross over test on right. He is markedly worsened from prior presentations. The Request for Authorization requested service to include Radiofrequency lumbar spine. The Utilization Review on 9-25-15 denied the request for Radiofrequency lumbar spine, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004, Physical Methods.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Radiofrequency lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pain.

**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 chapter and pg 38.

**Decision rationale:** According to the guidelines, RF ablation is under study and is to be performed on those who have benefit from a medial branch block (MBB). An MBB is only indicated if there is no radiculopathy. The claimant does have L5 radiculopathy on EMG/NCV. In addition, the response and length of benefit is unknown and the procedure was too recent to know the length of benefit. The level of RF intervention is unknown. The request above is not medically necessary.