

<b>Case Number:</b>	CM15-0199788		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 56 year old female who sustained an industrial injury on March 29, 2012. The worker is being treated for: lumbar spine, myoligamentous injury with right sided herniated nucleus pulposus with moderate to severe degenerative changes, both central and foraminal stenosis right side greater; bilateral lower extremity radiculopathy, right side greater; left shoulder ligamentous injury and medication induces gastritis. Subjective (March 30, 2015), (August 26, 2015) difficulty sleeping, low back pain, chronic; left shoulder pain; (June 09, 2015) pain in low back radiating to both legs, right side worse; right leg weakness and intermittent numbness. Objective (March 30, 2015) lumbar spine with tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points, palpable and tender throughout the paraspinal muscles. She has decreased range of motion with obvious muscle guarding and significant pain with extension. (June 09, 2015) mild to moderate distress, avoids standing up straight and is with about a 20-degree flex in spine and slightly stooping forward gait. There is bilateral positive straight leg raise, right side greater. (July 24, 2015) sensory noted decreased along the lateral calves L5-S1 distribution. Diagnostics performed: neurodiagnostic nerve conduction study March 2014; MRI lumbar spine performed June 2013. Left shoulder MRI done June 28, 2013. MRI lumbar spine June 16, 2015. Treatment modality: activity modifications; physical therapy, medications, acupuncture, lumbar epidural injections (last administered month prior); TENS unit, topical analgesia, DME lumbar brace. Medications (March 30, 2015) Norco, Anaprox, Prilosec, Flexeril, Ambien, and medical Marijuana. (June 09, 2015) Norco, Anaprox, Prilosec, Flexeril, Ambien, Lidoderm and medical marijuana. (July 24, 2015) "unchanged"; (August 26, 2015) "unchanged". UR date On September 01, 2015 a request was made for radio frequency thermal coagulation RFTC at bilateral L3, 4 and 5, which was noncertified on September 09, 2015 by Utilization Review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Radio Frequency Thermal Coagulation (RFTC) at Bilateral L3, 4, 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

**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 36.

**Decision rationale:** According to the guidelines, RF ablation is under study and is only to be performed in those who benefit from a medial branch block and don't have radiculopathy. In this case, the claimant has a positive straight leg raise test and sensory abnormalities in the L5-S1 distribution. The claimant had prior epidural injections, which are only indicated for those with radiculopathy. Prior MRI shows impingement of the L4 nerve root. The request for the thermal coagulation above is not medically necessary.