

<b>Case Number:</b>	CM15-0021751		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/10/1998
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 47 year old male, who sustained an industrial injury on 11/10/1998. The current diagnoses are lumbosacral facet arthropathy, myofascial pain syndrome, sacroiliac joint syndrome, and post lumbar laminectomy syndrome. He had a lumbar laminectomy and L5-S1 fusion on 7/16/1999. Currently, the injured worker complains of constant low back pain that radiates into both buttocks and the back of both thighs. The pain is described as sharp, burning, dull, and aching. Pain medication regimen is Menthoderm ointment, Tramadol, Ibuprofen, and Norco. Treatment to date has included medications and surgery. The treating physician is requesting radio-frequency ablation lumbar medial branch nerves bilaterally at L2, L3 and L4 under fluoroscopic guidance, which is now under review. On 1/19/2015, Utilization Review had non-certified a request for Radio-frequency ablation lumbar medial branch nerves bilaterally at L2, L3 and L4 under fluoroscopic guidance. The California MTUS ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radio-frequency ablation lumbar medial branch nerves bilaterally at L2,L3 and L4 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** According to MTUS guidelines, “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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks”. There is no documentation of failure of conservative therapies. There is no documentation that lumbar facet is the main pain generator. Therefore, Radio-frequency ablation lumbar medial branch nerves bilaterally at L2,L3 and L4 under fluoroscopic guidance is not medically necessary.