

<b>Case Number:</b>	CM15-0022408		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old female who reported an injury on 06/16/2007. The mechanism of injury was not specifically stated. The current diagnoses include lumbar spondylosis with facet syndrome, myofascial pain syndrome, lumbar radiculopathy, low back pain, and long term use of current medication. The injured worker presented on 11/24/2014 for a follow-up evaluation with complaints of persistent low back pain rated 7/10. There was no comprehensive physical examination provided on that date. It was noted that the injured worker's radicular symptoms had improved with previous epidural steroid injections. The injured worker also had left sided back and buttock pain with palpatory tenderness over the lumbar facet joints and the sacroiliac joint. A previous radiofrequency ablation performed 8 months ago effectively eliminated the injured worker's symptoms. The injured worker requested a repeat procedure. Recommendations included a repeat radiofrequency ablation. A Request for Authorization form was then submitted on 01/12/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation at the left L5-S3: 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 Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Although the injured worker reported an improvement in symptoms, there was no documentation of objective functional improvement. There was no recent physical examination provided. Additionally, the Official Disability Guidelines do not recommend radiofrequency neurotomy of the sacroiliac joints. Given the above, the request is not medically appropriate.