

<b>Case Number:</b>	CM15-0024466		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona  
 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:

The injured worker is a 63-year-old male who reported an injury on 01/25/2008. The mechanism of injury was not stated. The current diagnoses include bilateral lumbar radiculopathy, axial facet mediated low back pain, L4-5 anterolisthesis, and L5-S1 foraminal disc protrusion. The injured worker presented on 01/22/2015. It was noted that the injured worker reported an increase in left lower extremity radicular pain. The injured worker was status post bilateral L5-S1 transforaminal epidural injections on 09/19/2014 with 100% relief of lower extremity radicular pain for 6 weeks. The current medication regimen includes Soma, Ultram and Prilosec. Upon examination, there was a nonantalgic gait, positive facet stress maneuver bilaterally, pain with range of motion of the lumbar spine, minimal weakness on dorsiflexion and eversion and 5/5 toe extension and knee flexion bilaterally. Recommendations included a lumbar radiofrequency ablation at L4-S1. It was noted that the injured worker underwent fluoroscopically guided bilateral L3-5 medial branch blocks on 11/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 and L5-S1 Facet Joints Radiofrequency Ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**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. While it is noted that the injured worker underwent medial branch blocks on 11/20/2014, there was no documentation of objective functional improvement. Therefore, the current request cannot be determined as medically appropriate at this time.