

<b>Case Number:</b>	CM15-0026182		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

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 67 year old male, who sustained an industrial injury on June 2, 2008. He has reported a fall backwards as he was coming down a ladder. The diagnoses have included status post open reduction internal fixation of complex fracture of the right ankle and foot, right-sided low back pain and depression. Treatment to date has included diagnostic studies, surgery, radiofrequency ablation, lumbar support and medications. There was a 50% reduction in back pain for 5 months from a prior radiofrequency ablation. His medication was noted to help him remain functional. Currently, the injured worker complains of persistent low back pain with radiating symptoms to the right posterior lower extremity. The low back pain was rated as a 7 on a 1-10 pain scale. On January 21, 2015, Utilization Review non-certified radiofrequency ablation right L3, L4 and L5, noting the Official Disability Guidelines. On February 10, 2015, the injured worker submitted an application for Independent Medical Review for review of radiofrequency ablation right L3, L4 and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation right L3, L4, L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-low back facet and radiofrequency neurotomy.

**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, facet joint radiofrequency.

**Decision rationale:** According to guidelines, it states facet joint ablation can be done if there is functional improvement and weaning of medications. According to the medical records, there is reduction of medication; however, there is no improvement. Based on this, the request for Radiofrequency ablation right L3, L4, L5 is not medically necessary.