

<b>Case Number:</b>	CM15-0038685		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 60 year old female, who sustained an industrial injury on 11/19/2012. She has reported twisting the ankle with immediate pain in lower back, left ankle, left hip and left knee. The diagnoses have included lumbar facet arthrosis, disc bulge with radiculopathy, and severe osteoarthritis in left hip, left knee and left ankle. She is status post left hip replacement, 4/8/14. Treatment to date has included medication therapy, physical therapy and epidural injection. Currently, the IW complains of persistent pain in lower back, left hip, left knee and left ankle. The physical examination from 2/4/15 documented lumbar spine muscle spasms, pain with motion and palpation. There was a positive left side Lasegue's test. The left hip was positive for crepitus and pain with motion and decreased Range of Motion (ROM). There was crepitus and pain with motion of the left knee and decreased Range of Motion (ROM). The left ankle also noted to have crepitus and pain with decreased Range of Motion (ROM). The plan of care was for a joint injection, medication therapy, and requests to authorize a left knee total knee replacement and ablation therapy for lumbar spine. On 3/2/2015, the injured worker submitted an application for IMR for review of destroy lumbosacral facet joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation left L4, L5, S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 diagnosis medial branch block and evidence of significant pain and functional improvement with it. Therefore, the request for Radiofrequency ablation left L4, L5, S1 is not medically necessary.