

<b>Case Number:</b>	CM15-0049403		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/29/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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 67 year old female, who sustained an industrial injury on October 29, 2006. The injured worker was diagnosed as having lumbar disc displacement, lumbago and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), Transcutaneous Electrical Nerve Stimulation (TENS) unit, lumbar branch blocks and medication. A progress note dated February 18, 2015 the injured worker complains of mid and low back pain. She rates pain as 6/10. The plan includes radio frequency ablation, medication, home exercise and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) radio frequency ablation at L4-L5 and L5-S1 bilaterally with fluoroscopy:**

Overtaken

**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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint RF ablation.

**Decision rationale:** The 67 year old patient complains of pain in mid and lower back, as per progress report dated 02/18/15. The request is for one (1) radiofrequency ablation at L4-15 and 15-s1 bilaterally with fluoroscopy. The RFA for the case is dated 02/18/15, and the patient's date of injury is 10/29/06. The patient rates pain at 6/10, and has been diagnosed with lumbar disc displacement, lumbago and thoracic or lumbosacral neuritis or radiculitis, as per progress report dated 02/18/15. The patient has been working with restrictions, as per the same progress report. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint RF ablation, a diagnosis of facet joint syndrome is required; and "(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function." In this case, a request for radiofrequency ablation was first noted in progress report dated 02/18/15. In the report, the treating physician states that the patient has had "excellent relief with previous RFA at L4-5 and L5-S1 levels. She has been able to continue with her activities of daily living due to pain relief." The physician is requesting for a repeat procedure as the impact of the original version is weaning off. As per progress report based 03/09/15, dated after the UR denial letter, the treating physician states that "each RFA gets about 80% improvement in her pain with at least 4-6 months relief. She has been able to reduce her medications by 20% after the RFA but since her pain starts getting back to baseline she had to increase it again. She was able to do more activities like walking, sitting and stand longer." The patient also noted that she is able to work full time due to the procedure. Given the documented efficacy from previous RFA, the request for a repeat procedure is reasonable and is medically necessary.