

<b>Case Number:</b>	CM15-0081658		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: North Carolina

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 45 year old female patient who sustained an industrial injury on 11/19/2011. A recent primary treating office visit dated 02/12/2015 reported the following with denials: chiropractic treatment, electric nerve conduction study, psychology consultation, blood work up, continue with Neurontin, and schedule appointment for diagnostic medial branch blocks. Current medications are: Ibuprofen 600mg, Robaxin, Neurontin, and Percocet 7.5/325mg. The following diagnoses are applied: lumbar facet syndrome, and knee pain. The plan of care noted prescribing: Diclofenac, Percocet, and Neurontin. Another primary treating office visit dated 12/11/2014 reported the plan of care to involve: recommending a pain management referral, trial of Percocet as Norco was denied, recommending electric nerve conduction study, and medical branch block injections. She remains on modified work duty, and will follow up. There is no change in the treating diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Radiofrequency Ablation of the bilateral L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet radiofrequency ablation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block 2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks. 3. No more than two joint levels are to be performed at one time 4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The request does not meet all criteria as outlined above in the clinical documentation. Therefore, the request is not medically necessary.