

<b>Case Number:</b>	CM15-0082073		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/26/2005
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 41-year-old male, who sustained an industrial injury on December 26, 2005. He reported low back pain. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar laminectomy syndrome, bilateral sacroiliac pain, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, status post lumbar surgery and removal of hardware, status post fluoroscopically guided sacroiliac joint radiofrequency ablation, bilateral sacroiliac joint pain and bilateral lumbar facet joint pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the lumbar spine, fluoroscopically guided sacroiliac joint radiofrequency ablation, conservative care, medications and work restrictions. Currently, the injured worker complains of chronic low back pain. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported previous radiofrequency ablation provided a 50% relief of low back pain. He noted requiring pain medications to remain functional. Evaluation on October 21, 2014, revealed continued pain. Fluoroscopically guided bilateral L4-5 and L5-S1 radiofrequency nerve ablation with moderate sedation was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided bilateral L4-5 and L5-S1 radiofrequency nerve ablation with moderate sedation:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, RFA.

**Decision rationale:** ODG guidelines support (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (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. The medical records provided for review do not indicate physical examination findings consistent with facet mediated pain. While there is documentation of quantitative degree of pain improvement, there is no specified duration of improvement in support of congruence with ODG guidelines for repeat RFA. As such, RFA is not supported as medically necessary.