

<b>Case Number:</b>	CM15-0085606		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 55-year-old female who sustained an industrial injury on 07/07/2008. She reported pain in her back. The injured worker was diagnosed as having right L5 radiculopathy; right sacroiliac joint pain; situation post right total knee replacement with chronic post-op pain; and lumbar facet pain--improved post radiofrequency. Treatment to date has included epidural injections, SI joint injections and coccyx injections for hip/buttock pain and leg pain. She had good relief of low back pain from a lumbar radiofrequency performed in 2013 that provided about 70% relief eliminating the stabbing pain felt in her low back. Currently, the injured worker complains of constant severe pain in her low back with a "pins and needles" sensation in her right leg. A request for authorization is made for a lumbar radiofrequency injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Radiofrequency injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work-related injury in July 2008 and continues to be treated for low back pain. A prior medial branch radiofrequency ablation procedure in 2013 had provided 70% pain relief. When seen, she had increasing low back pain for two weeks. There was facet tenderness and positive facet provocative maneuvers. Although the assessment references authorization for a two level procedure, the request was submitted as for a radiofrequency injection. The procedure was subsequently performed and three levels were treated. If a repeat neurotomy is being considered, it 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 more than 50% relief. No more than 3 procedures should be performed in a year's period and treatment should be limited to two levels. In this case, the requested number of levels was not specified in the formal request for authorization and, ultimately, despite the request as described in the provider's note, three levels were treated. Therefore, the request as submitted cannot be considered as medically necessary.