

<b>Case Number:</b>	CM14-0155490		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33-year-old male who reported an injury on 12/10/1961 after a bending motion while performing normal job duties. The injured worker reported sustained an injury to his low back. The injured worker's treatment history included massage therapy, medications, a home exercise program, and physical therapy. The injured worker also underwent epidural steroid injections. The diagnostic studies included x-rays and a MRI. The injured worker underwent lumbar facet blocks at the L4-5 and L5-S1 on 08/11/2014. The injured worker was evaluated on 08/29/2014. It was documented that on the day of the lumbar facet injections the injured worker was 100% pain free, and able to ambulate unassisted. The injured worker was evaluated on 09/04/2014. The injured worker's diagnoses included degenerative disc disease at the L4-5 and L5-S1, annular tear at the L4-5 and L5-S1, and facet arthropathy at the L4-5 and L5-S1. The injured worker's treatment plan included radiofrequency ablation at the L4-5 and S1 bilaterally. A Request for Authorization form was submitted on 09/04/2014 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RFA BILATERAL L4 QUANTITY REQUESTED: 1.00:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The requested radiofrequency ablation for bilateral L4 quantity requested 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablation be based on appropriate responses to medial branch block. The clinical documentation does indicate that the injured worker had medial branch blocks at the L4-5 and L5-S1 that provided a significant amount of pain relief and a functional benefit on the day of the injections. Official Disability Guidelines further recommend no more than 2 joint levels be performed at any 1 time. The concurrent request for bilateral L4-5 and S1 exceeds this recommendation. Furthermore, Official Disability Guidelines recommend a treatment plan following the procedure to assist the injured worker in maintaining functional restoration. The clinical documentation submitted for review does not provide any evidence that the treating provider and the injured worker have a conservative care plan following the procedure to assist the injured worker with functional restoration. In the absence of this information, the appropriateness of the request cannot be determined. As such, the request for radiofrequency ablation bilateral L4 quantity requested 1 is not medically necessary or appropriate.

**RFA BILATERAL L5 QUANTITY REQUESTED: 1.00:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The requested radiofrequency ablation for bilateral L5 quantity requested 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablation be based on appropriate responses to medial branch block. The clinical documentation does indicate that the injured worker had medial branch blocks at the L4-5 and L5-S1 that provided a significant amount of pain relief and a functional benefit on the day of the injections. Official Disability Guidelines further recommend no more than 2 joint levels be performed at any 1 time. The concurrent request for bilateral L4-5 and S1 exceeds this recommendation. Furthermore, Official Disability Guidelines recommend a treatment plan following the procedure to assist the injured worker in maintaining functional restoration. The clinical documentation submitted for review does not provide any evidence that the treating provider and the injured worker have a conservative care plan following the procedure to assist the injured worker with functional restoration. In the absence of this information, the appropriateness of the request cannot be determined. As such, the request for radiofrequency ablation bilateral L5 quantity requested 1 is not medically necessary or appropriate.

**RFA BILATERAL S1 QUANTITY REQUESTED: 1.00:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The requested radiofrequency ablation for bilateral S1 quantity requested 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablation be based on appropriate responses to medial branch block. The clinical documentation does indicate that the injured worker had medial branch blocks at the L4-5 and L5-S1 that provided a significant amount of pain relief and a functional benefit on the day of the injections. Official Disability Guidelines further recommend no more than 2 joint levels be performed at any 1 time. The concurrent request for bilateral L4-5 and S1 exceeds this recommendation. Furthermore, Official Disability Guidelines recommend a treatment plan following the procedure to assist the injured worker in maintaining functional restoration. The clinical documentation submitted for review does not provide any evidence that the treating provider and the injured worker have a conservative care plan following the procedure to assist the injured worker with functional restoration. In the absence of this information, the appropriateness of the request cannot be determined. As such, the request for radiofrequency ablation bilateral S1 quantity requested 1 is not medically necessary or appropriate.