MAXIMUS Federal Services

| Case Number: | CM14-0155520 | | |
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| Date Assigned: | 10/07/2014 | Date of Injury: | 04/01/2010 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 61-year-old male who sustained a work related injury on April 1, 2010 as result of jumping down out of a truck. Since then he had near continuous lower back pain. On his most recent PR-2, he complains of unchanged left sided back pain. Part of his subjective complaint is 'The left sided L4-5 and L5-S1 radiofrequency ablations to be resubmitted by FRA according to [redacted]'. No physical examination is documented on this report. Previous PR-2 going back to Jan of this year documents 'With direct palpation at the left L4-5 and L5-S1 facet joints, he has exquisite pain. With extension, he has pain at these facets as well. He has right posterior thigh numbness to the posterior aspect of this leg to his thigh, reflexes 2+/2+ L4 and S1 bilaterally, negative straight leg raising test bilaterally, positive Faber test on the left side only'. Imaging studies include a lumbar MRI 11/18/2010 that demonstrates multilevel posterior to broad based disc bulge to protrusion from L2-S1. No documentation annotated regarding the condition of the facet joints. Previous treatments included epidural steroid injections. In dispute is a decision for left sided L4-5, L5-S1 radiofrequency ablation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sided L4-5, L5-S1 radiofrequency ablation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.jpain.org/article/S1526-5900(11)00256-2/fulltext; Efficacy of lumbar facet medical branch radiofrequency ablation for chronic low back pain management: a meta-analysis of randomized controlled trials

**Decision rationale:** This modality has been used for over 35 years. In the article cited above, a Meta-analysis was performed that consisted of five relevant studies encompassing 248 patients. Their finding concluded that there was a statistically significant improvement in the injured worker's pain scores following the procedure from 2-6 months afterward. As the injured worker has apparent pain upon facet loading, the request for Radiofrequency Ablation is medically necessary.