

<b>Case Number:</b>	CM14-0097101		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Anesthesiology and is licensed to practice in Georgia. 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 claimant is a 42 year old male presenting with back pain following a work related injury on 10/25/2010. The claimant was diagnosed with back disorder, Lumbago, lumbar disc degeneration, spondylosis without myelopathy, sacroilitis, joint derangement NEC - Pelvis, and lumbosacral spondylosis. The claimant has tried radiofrequency ablation on 03/08/2013 at bilateral L3-4, L4-5 and L5-S1 as well as bilateral medial branch blocks on 12/6/2012 at the same levels. On 5/29/2014, the physical exam showed Kemp's test positive bilaterally, lumbar range of motion is moderately decreased, severe tenderness to palpation at the lower lumbar spine. The provider recommended repeat radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Radio Frequency Ablation at L4/L5 and L5/S1: 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 (ODG) Low Back Complaints, Treatment Consideration

**Decision rationale:** Bilateral Radio Frequency Ablation at L4/L5 and L5/S1 is not medically necessary. MTUS references the Occupation medicine practice guidelines on page 300 which states that "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is nonradicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. The claimant had a lumbar radiofrequency in 3/2013. A request was made for a repeat lumbar radiofrequency. There is lack of documentation qualifying and quantifying the claimant's reduction in pain following the previous lumbar radiofrequency procedure; therefore, the requested procedure is not medically necessary.