

<b>Case Number:</b>	CM15-0013960		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 59 year old male, who sustained a work related injury on 8/6/09. The diagnoses have included arthritis right knee, medial meniscus tear and right knee pain. Treatments to date have included right knee x-rays, L5 dorsal medial branch block, and right knee injection. In the PR-2 dated 12/22/14, the injured worker complains of right knee pain. He complains of right knee "locking, catching and giving out." He states that prolonged activity makes pain worse. He states that the medication he is taking improves the pain. He has mild tenderness to palpation of right knee and decreased range of motion. On 1/9/15, Utilization Review non-certified a request for lumbar radio frequency ablation bilateral L4-5. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Radiofrequency Ablation Bilateral L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Low Back and Facet joint radiofrequency neurotomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300-301.

**Decision rationale:** According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. There is no documentation that lumbar facets are the main pain generator. Therefore, the request for lumbar radio frequency ablation bilateral L4-L5 is not medically necessary.