

<b>Case Number:</b>	CM15-0014133		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/23/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California, Washington

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 is a 49-year-old female who reported an injury on 01/23/2008 due to an unspecified mechanism of injury. On 01/02/2015, she presented for a followup evaluation regarding her work related injury. She noted that her medications were working well in relieving her pain, and stated that her pain was a 4/10 with medications and a 6/10 without medications. She also noted excellent relief from her previous Request for Authorization procedure, and was interested in repeating the procedure. A physical examination showed that she ambulated without any assistive devices and had a normal gait pattern. Range of motion was restricted in the lumbar spine with pain, and there was spasm and tenderness to palpation of the paravertebral muscles and tailbone on both sides. Lumbar facet loading was positive on both sides; stretch of the femoris was negative, and straight leg raise was negative. Reflexes were a 2/4 bilaterally, and there was mild SI joint pain in the area with faber's test. There was tenderness over the right lumbar paravertebral muscles at the L3-4. Strength was a 5/5 throughout. She was diagnosed with sacroiliitis, sacroiliac pain, lumbar facet syndrome, and lumbar back pain. The treatment plan was for a radiofrequency ablation at the bilateral L3-4, L4-5, L5-S1, and S1 and sacral ala. The rationale for treatment was to alleviate the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation bilateral at L3, L4, L5, S1 and sacral Alae:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Radiofrequency

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint radiofrequency neurotomy.

**Decision rationale:** The Official Disability Guidelines indicate that radiofrequency neurotomies may be performed when there is evidence of failure of recommended conservative care and a positive diagnosis with a medial branch block. Also, it is stated that no more than 2 joint levels are to be performed at 1 time. The requested number of levels would exceed the guideline recommendations. Also, while it was noted that she had relief with her prior RFA, there was a lack of evidence showing that she had at least a 50% relief for at least 6 months in duration. Without this information, a repeat block would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.