

<b>Case Number:</b>	CM15-0014559		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/19/2015
<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 52-year-old female who reported an injury on 09/30/2003 after lifting boxes at work. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included epidural steroid injections, physical therapy, a home exercise program, medications, disc replacement surgery at the L4-5, and radiofrequency ablations. The injured worker was evaluated on 01/09/2015. It was documented that the injured worker had 10/10 pain. The injured worker complained of numbness in her feet. Objective clinical findings at that appointment included range of motion of the lumbar spine at 5 degrees of extension and 60 degrees in flexion with tenderness to palpation to the bilateral lower lumbar facets and pain with facet loading testing. The injured worker had a negative straight leg raising test and spasming and guarding in the musculature along the lumbar spine. The injured worker's treatment plan included bilateral permanent lumbar facet injections at the L4-5 and L5-S1. Clinical documentation indicated that the injured worker would undergo radiofrequency ablation at the L4-5 and L5-S1. A letter of appeal was submitted on 12/16/2014. It noted that the injured worker had previously undergone a facet radiofrequency ablation with a 100% pain relief and significant functional improvement. It was noted that the injured worker's most recent radiofrequency ablation was in 07/2013 that provided almost 100% pain relief for approximately 8 months. It was noted that this allowed the injured worker to participate in household chores. An appeal request was made for an additional radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral Permanent lumbar facet injection at L4-5 and L5-S1 under flucroscopic guidance and IV sedation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The requested 1 bilateral permanent lumbar facet injection at L4-5 and L5-S1 under flucroscopic guidance and IV sedation is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablations as an effective treatment for axial low back pain. Official Disability Guidelines recommend repeat radiofrequency ablations be based on documented functional benefit and pain relief of at least 50% for 6 months or greater. The clinical documentation submitted for review does indicate that the injured worker had a radiofrequency ablation in 2013 that provided 100% pain relief for at least 8 months. It was also noted that the injured worker was able to participate in activities of daily living with less pain resulting from the radiofrequency ablation. The clinical documentation does support that the injured worker has axial back pain that would benefit from the requested treatment. As such, the requested 1 bilateral permanent lumbar facet injection at L4-5 and L5-S1 under flucroscopic guidance and IV sedation is medically necessary and appropriate.