

<b>Case Number:</b>	CM15-0127100		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 27, 2009. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve a request for lumbar medial branch nerve radiofrequency ablation procedures. The claims administrator referenced a June 18, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On April 3, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, constant, present 90% to 100% of the time. The applicant reported sharp and throbbing pain complaints. The applicant was on Flexeril, Methoderm, oral diclofenac, Flector patches, Neurontin, Norco, and topical Voltaren, it was reported. The applicant was currently unemployed and still smoking, it was acknowledged. The applicant had, however, reportedly quit using marijuana, the treating provider reported. Positive straight leg raising, 5/5 lower extremity motor function, and positive lumbar facet loading were reported. The applicant received an epidural steroid injection in the clinic, it was suggested. On June 17, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. Decreased lower extremity pain was reported on this date. The applicant was again described as currently unemployed and still smoking cigarettes. A lumbar radiofrequency ablation procedure was sought while tramadol, Flexeril, and fenoprofen were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation lumbar medial branch nerves bilateral L3, L4 and L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 - 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 347, Radicular Pain Syndromes (including sciatica), Not Recommended, Radiofrequency neurotomy, neurotomy, and facet rhizotomy (C), Radiofrequency lesioning of the dorsal root ganglia for chronic sciatica (B).

**Decision rationale:** The request for a radiofrequency ablation of lumbar medial branch nerves L3, L4, and L5 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does note that facet neurotomies (AKA radiofrequency ablation procedures) should be performed only after appropriate investigation involving diagnostic medial branch blocks, here, however, the attending provider did not explicitly state on June 17, 2015 that the applicant had in fact had prior diagnostic medial branch blocks before the request for a radiofrequency ablation procedure was sought. The June 17, 2015 progress note at issue did not relate or narrate a record of what treatment or treatments had transpired through the date of the request. The Third Edition ACOEM Guidelines also note that radiofrequency neurotomy procedures (AKA radiofrequency ablation procedures) are not recommended for applicants who carry a diagnosis of radicular pain syndrome or sciatica. Here, the applicant was described on June 17, 2015 as having ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was using gabapentin at that point, presumably for residual radicular pain complaints. Numbness, tingling, and weakness about the left lower extremities were reported on that date. The applicant had recently undergone lumbar epidural steroid injection on April 3, 2015, the treating provider acknowledged. The proposed radiofrequency ablation procedure was not, thus, indicated in the radicular pain context present here, particularly in light of the fact that the treating provider failed to discuss whether the applicant had or had not received diagnostic medial branch blocks prior to the June 17, 2015 office visit at issue. Therefore, the request was not medically necessary.