

<b>Case Number:</b>	CM15-0177679		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

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 45 year old female, who sustained an industrial injury on 12-20-2011. Medical records indicate the worker is undergoing treatment for lumbar facet arthralgia, lumbar disc injury and right inguinal pain with bilateral lumbar 5 radiculopathy. A recent progress report dated 7-29-2015, reported the injured worker complained of low back pain radiating down into the anterior aspects of both thighs-right greater than left. She notes difficulty getting dressed and putting on shoes. Physical examination revealed painful bilateral straight leg raise at 90 degrees, moderate pain over the lumbar 3-sacral 1 and complete range of motion that is painful. Lumbar magnetic resonance imaging (per progress note 7-29-2015) showed lumbar 3-5 foraminal stenosis. Treatment to date has included radiofrequency ablation in 2013, physical therapy, Norco and Relafen. The injured worker reported upper body dressing to 60% pain relief following the initial radiofrequency ablation. The physician is requesting radiofrequency ablation of the bilateral lumbar 4-5 and lumbar 5-sacral 1. On 8-11-2015 the Utilization Review noncertified the request for radiofrequency ablation of the bilateral lumbar 4-5 and lumbar 5-sacral 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation bilateral L4-L5, L5-S1: Overturned**

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

**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-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work injury in December 2011 and is being treated for chronic low back pain. A radiofrequency ablation procedure done in December 2013 is referenced as providing a reported 60% decrease in pain lasting for more than 6 months and allowing for performance of usual activities. Prior treatments have included physical therapy, medications, epidural steroid injections, and completion of a functional restoration program. When seen, she was having back pain and radiating symptoms into the anterior thighs. Physical examination findings included moderate lumbar tenderness with muscle spasms. Straight leg raising produced referred pain to the anterior thighs. There was normal strength and sensation. There was severe pain with lumbar extension and ipsilateral pain with side bending. Surgery was being considered. A repeat radiofrequency ablation procedure is being requested. If a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. In this case, the claimant had more than 6 months of 60% pain relief after the procedure done in December 2013. There are no physical examination findings such as decreased strength or sensation or asymmetric lower extremity reflex response that would support a diagnosis of radiculopathy and physical examination findings strongly support a diagnosis of facet mediated pain. Surgery is being considered. The request is within the guideline criteria and is medically necessary.