

<b>Case Number:</b>	CM15-0065543		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 43 year old who sustained an industrial injury on 12/17/2012. Diagnoses include lumbar sacral degenerative changes, right lower extremity radiculopathy, sacroiliac joint dysfunction, and pain induced depression. Treatment to date has included diagnostic studies, medications, radio frequency rhizotomy with reduced lower back pain for six months, and home exercise program. A physician progress note dated 03/12/2015 documents the injured worker has decreased muscle spasm in the lumbar spine. Anxiety is decreased with better control of his lumbar sacral pain and neuralgia from medication adjustments. Activities of daily living continue to remain limited by the severity of this pain, but are improving with his current medications. Lumbar muscle spasm has decreased. He has calcaneus tenderness, left mild and right is severe. Magnetic Resonance Imaging done on 03/12/2015 revealed L1-L2 cysts with mild L1 possible and L4-L5 degenerative change with facet arthropathy and mild left nerve root impingement. Treatment requested is for Radiofrequency Ablation L4-5 x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation L4-5 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ASIPP Practice Guidelines; Official Disability Guidelines (ODG).

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

**Decision rationale:** Guidelines state that radiofrequency ablation should only be considered after documentation of response to facet blocks. If the patient has greater than 80% response to medial branch blocks, RFA may be considered. In this case, the date and results of prior medial branch block are not documented. The request for repeat RFA is not medically appropriate and necessary.