

<b>Case Number:</b>	CM15-0068192		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	04/10/2003
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 55 year old male with an industrial injury dated 04/10/2003. The injured worker diagnoses include lumbosacral sprain with chronic discogenic disease from L2-L5 and diffuse arthritic changes also causing spinal stenosis in the lumbar region. He has been treated with diagnostic studies, lumbar radiofrequency and periodic follow up visits. In a progress note dated 3/20/2015, the injured worker presented for evaluation of his lumbar spine. The injured worker reported a flare up occurring over the last month. The treating physician reported that it was becoming progressively difficult for the injured worker to work full duty and that a radiofrequency ablation is indicated. The treating physician also reported that the injured worker's previous radiofrequency treatment lasted 2.5 years. The treating physician prescribed services for lumbar radiofrequency L2, L3, L4 and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar radiofrequency L2, L3, L4 and L5:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, radiofrequency ablation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block 2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks. 3. No more than two joint levels are to be performed at one time 4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The request is for more than 2 joint levels and therefore does not meet criteria as outlined above and therefore is not medically necessary.