

<b>Case Number:</b>	CM15-0074946		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Tennessee  
 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 39 year old male, who sustained an industrial injury on 2/4/2014. He reported low back pain. Diagnoses have included lumbago and lumbosacral spondylosis without myelopathy. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, medication and diagnostic medial branch blocks on the right at L3, L4 and L5. According to the progress report dated 3/13/2015, the injured worker complained of pain in the low back on the right. He also complained of pain in the right leg/hip area with numbness and tingling. He reported that his pain dropped from 6/10 to 2/10 for about three hours after undergoing diagnostic medial branch blocks on the right at L3, L4 and L5. The injured worker appeared to be in mild to moderate discomfort. Exam of the spine revealed facet tenderness on the right lumbar facets. Facet loading test was positive on the right side. Authorization was requested for right L3, L4, and L5 radiofrequency lesioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Right L3, L4, L5 Radiofrequency Lesioning:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Pain, Pulsed radiofrequency treatment (PRF).

**Decision rationale:** Pulse radiofrequency treatment is similar to radiofrequency lesioning. It is not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate. In this case the procedure is being requested for facet joint pain. It is not recommended. The request should not be authorized. Therefore the request is not medically necessary.