

<b>Case Number:</b>	CM15-0076250		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old female, who sustained an industrial injury on 5/26/12. The injured worker was diagnosed as having lumbar spine degenerative disc disease with radicular symptoms to bilateral lower extremities, lumbar spine spondylosis, lumbar spine sprain/strain with myofascial pain, bilateral sacroiliac joint arthropathy and bilateral knee pain status right knee arthroscopic surgery. Treatment to date has included right knee arthroscopic surgery, oral medications including opioids, lumbar epidural steroid injection, topical medications and physical therapy. Currently, the injured worker complains of low back pain with radicular symptoms to bilateral lower extremities and bilateral knee pain worse on left side. Physical exam noted tenderness to touch on bilateral lumbar paraspinal muscles and lumbosacral area with diminished patellar and Achilles reflexes bilaterally, decreased lumbar range of motion and spasm with range of motion of lumbar spine. The treatment plan included refilling oral and topical medications and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 and L5-S1 Radiofrequency Ablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

Index, 18th Edition (web), 2013, Treatment In Workers Compensation, Low Back, Facet Joint Radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12 Low Back, Radiofrequency Ablation, pages 300-301. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint Radiofrequency neurotomy, pages 420-422.

**Decision rationale:** Per Guidelines, radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial without evidence of radicular findings not met here with continued radiating low back pain and MRI findings without clear facet arthropathy s/p previous lumbar epidural injections. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from any blocks for this chronic injury. The Bilateral L4-L5 and L5-S1 Radiofrequency Ablation is not medically necessary and appropriate.