

<b>Case Number:</b>	CM15-0095494		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 62 year old female, who sustained an industrial injury on 4/01/2014. She reported sudden onset left sided lumbar pain from prolonged sitting. Diagnoses include lumbar and thoracic sprain/strain, disc displacement without myelopathy, lumbosacral neuritis, myalgia and myositis, lumbar spondylosis with left L4-5 facet arthropathy. Treatments to date include included NSAID, chiropractic therapy, and acupuncture treatments and facet lumbar epidural injections that were documented to completely reduce pain. Currently, she complained of low back pain rated 4/10 VAS with radiation into the left leg. The left side facet injection provided on 2/10/15 gave 100% relief of pain for three weeks. On 4/22/15, the physical examination documented muscle spasm and guarding of the lower spine. The plan of care left lumbar facet injection L4-5 radiofrequency ablation, each additional level x 2 with intravenous sedation under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 radiofrequency ablation under fluoroscopic guidance and IV sedation:** 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-TWC);

ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, 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: Under study.

**Decision rationale:** Per Guidelines, Facet joint 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; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for multilevel disc protrusions s/p lumbar epidural steroid injections. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc protrusions without evidence for significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The Left L4-L5 radiofrequency ablation under fluoroscopic guidance and IV sedation is not medically necessary and appropriate.