

<b>Case Number:</b>	CM15-0096022		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	12/28/1970
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/13/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 73-year-old male, who sustained an industrial injury on 12/28/1970. Diagnoses include lumbago, thoracic or lumbar radiculitis, sacroiliitis and lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostics and injections. Per the Primary Treating Physician's Progress Report dated 4/15/2015, the injured worker reported ongoing significant back pain that extends into the bilateral posterior leg stopping at the knee. He rated his pain as 9/10 on a subjective numerical scale. Objective findings are described as oriented to time, place, person and situation, with appropriate mood and affect and normal insight and judgment. There is no documentation of an evaluation of the spine. The plan of care included diagnostics and injections and authorization was requested for one lumbar radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar radiofrequency ablation under conscious sedation & fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work-related injury more than 40 years ago. He is being treated for back pain radiating to the back of the knees. He underwent a diagnostic lumbar facet injection on 04/0-8/15. A pain diary after the procedure documents 40% pain relief during the duration of the anesthetic (Lidocaine) used for the procedure. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks with at least a 70% decrease in pain representing a positive diagnostic response. In this case, there was a 40% decrease and therefore the blocks were negative diagnostically. The requested medial branch radiofrequency ablation is not medically necessary.