

<b>Case Number:</b>	CM15-0096107		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	02/04/2000
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male injured worker suffered an industrial injury on 02/04/2000. The diagnoses included chronic low back pain and depression. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, Botox injections and radiofrequency ablation. On 4/28/2015 the treating provider reported ongoing low back pain. He was starting to have increased pain to the right side of the back. There was increased tenderness over the lumbar muscles and facet joints. The treatment plan included radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) radiofrequency ablation to the right lumbar L3, L4, L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint radiofrequency neurotomy.

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

**Decision rationale:** According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." In this case, the patient underwent a radiofrequency neurotomy on July 25, 2014; however, there is no evidence of sustained pain relief and functional improvement. In addition, his medication regimen remained the same. Therefore, the request for radiofrequency ablation to the right lumbar L3, L4, L5 is not medically necessary.