

<b>Case Number:</b>	CM14-0141422		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/26/1996
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36 year old female presenting with chronic pain following a work related injury on 11/26/1994. The injured worker reported back pain radiating down the left leg. The physical exam showed allodynia and hyperesthesia on palpation of the lumbar paraspinal muscles, range of motions was decreased, and lumbar facet stress was positive. The injured worker was diagnosed with low back pain, kinesiophobia, major depressive disorder, and recurrent episodes, moderate. The injured worker has tried medications, activity modification, chiropractor and physical therapy. The provider recommended medial branch blocks at L3, L4 and L5 and follow up with radiofrequency ablation. A claim was made for follow-up with radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with radiofrequency ablation:** 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 Complaints, Treatment Considerations

**Decision rationale:** Follow-up with radio frequency ablation is not medically necessary. MTUS references the Occupation medicine practice guidelines on page 300 which states that "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." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is non-radicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. The injured worker did in fact have facet pain on physical exam; however, there was no confirmation of facet pain with positive diagnostic facet blocks. Therefore, this request is not medically necessary.