

<b>Case Number:</b>	CM14-0144781		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 59-year-old female who sustained an injury on 03/10/10. She complains of increased low back pain radiating to both buttocks and to the back of thighs. She also has constant, sharp, and throbbing left knee pain, bilateral hip pain, and left wrist pain. On exam, C-spine reveals straightening of the spine with loss of normal cervical lordosis and ROM was restricted with extension to 30 degrees and lateral rotation on the right to 30 degrees. Cervical facet loading is positive on the right. L-spine reveals loss of normal lumbar lordosis, tenderness at trigger points; spinous process tenderness is noted at L3, L4 and L5, significant tenderness over facet joints on both sides at L4 through S1 levels. MRI of the lumbar spine reveals degenerative facet disease at the lower 4 lumbar levels most severe at L5-S1; degenerative anterolisthesis at L5-S1, facet spurs contact each exiting L5 nerve root within the neural foramina, and nonspecific subcutaneous soft tissue edema in the midline from T12 through sacrum level. Current medications include Clonidine HCL, Triamterene-HCTZ, Lidocaine patch, Vicodin, Cyclobenzaprine, Omeprazole, Tramadol HCL, Mentherm ointment, Benazepril HCL, and Furosemide. Prior treatments include chiropractic care, diagnostic lumbar MBBs, multiple injections including bilateral trochanteric bursa injections and trigger point injections, left inferior-genicular block, left-superior genicular nerve block, bilateral occipital nerve block and trigger point injection in the bilateral cervical paravertebral. She was previously approved for RFA of the lumbar medial branch nerves bilateral L3, L4, and L5 on 08/13/13. Diagnoses include carpal tunnel syndrome, trochanteric bursitis, and encounter for therapeutic drug monitoring. The request for bilateral radiofrequency ablation, lumbar medial branch nerves L3-4 and L4-L5 was denied on 08/11/14 in accordance with medical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral radiofrequency ablation, lumbar medial branch nerves L3-4 and L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Complaints (updated 07/03/14) Facet joint radiofrequency neurotomy

**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

**Decision rationale:** Per ODG, facet joints RF neurotomy requires a diagnosis of facet joint pain using a medial branch block as described below: Criteria for the use of diagnostic block for facet mediated pain include: 1) one set of diagnostic medial branch block with a response of at least 70% lasting at least two hours for lidocaine; 2) low back pain that is non-radicular and no more than two levels is injected; 3) documented failure of conservative treatment (PT, NSAID) of at least 4 weeks. In this case, there is no documentation of at least 70% pain relief with prior lumbar facet medial branch block. There is no documentation of trial and failure of conservative treatment. Therefore, the request is considered not medically necessary based on the guidelines and submitted clinical information.