

<b>Case Number:</b>	CM13-0007638		
<b>Date Assigned:</b>	10/17/2013	<b>Date of Injury:</b>	07/27/2000
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

### 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 claimant is a 64 year old female presenting with chronic back pain following a work related injury on 7/27/2000. The claimant has a history of previous lumbar laminectomy, lumbar spondylosis and degenerative disc disease. The claimant also had preexisting cervical spine pain status post cervical laminectomy, spinal cord stimulator trial, rotator cuff repair, bunions, and bilateral rotator cuff repairs. In regards to the back pain following the work related injury, the claimant had facet blocks and reported 90% relief for 12 months. The physical exam was significant for decreased range of motion in the cervical and lumbar spine. The claimant was diagnosed with cervical and lumbar radiculopathy. The claimant's relevant medications included Klonopin, Percocet, and Zanaflex. The claimant request authorization for bilateral L4,5,S1 radiofrequency thermocoagulation under fluoroscopy as well as monitored anesthesia as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One reconsideration of Bilateral L4, L5 & S1 RFTC of lumbar spine under fluoroscopy & monitored anesthesia as outpatient (between 9/10/2013 and 10/25/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 10, 291-299.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that 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. Gofeld et al. (2007) performed a 10 year prospective clinical audit of lumbar radiofrequency denervation. They concluded in the study that proper patient selection and anatomically correct radiofrequency denervation of the lumbar zygapophyseal joints provide long term pain relief in a routine clinical setting. In this case, although, the employee reported a 90% reduction in the pain following the facet injections, the provider did not document a reduction in the employee's medication or an improvement in functionality. The request for bilateral L4, L5 & S1 RFTC of lumbar spine under fluoroscopy & monitored anesthesia as outpatient (between 9/10/2013 and 10/25/2013) is not medically necessary and appropriate.