

<b>Case Number:</b>	CM13-0019879		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Family Practice and is licensed to practice in Texas. 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. 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 patient is a 50-year-old female who reported a work related injury on 08/20/2012. The patient reports constant left sided low back and left hip pain. The pain extends to the left lateral hip and the left lateral thigh. She also reports continued painful spasms of her lumbar musculature. Her current medications included Levothyroxine and Ocella. The patient underwent a radiofrequency ablation to the medial branch nerves at the left L3 through S1. The patient reported greater than 80% relief. A request was made for radiofrequency ablation at right L3 through L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Radiofrequency ablation at right L3-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections), Facet joint radio frequency neurotomy

**Decision rationale:** Recent clinical documentation submitted for review stated the patient's heel to toe walking was intact. She had limited range of motion due to pain of the lumbar spine. Tenderness was noted to the sacroiliac joints. CA MTUS/ACOEM states 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. Official Disability Guidelines indicate that criteria for the use of facet joint radiofrequency neurotomy require a diagnosis of facet joint pain using a medial branch block. 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. Furthermore, clinical presentation should be consistent with facet joint pain, signs and symptoms. There is a lack of clinical documentation submitted for review noting physical exam findings for the patient. There were also no diagnostic studies presented for review to corroborate findings of facet joint pathology. In addition, guideline indicates there should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. There is lack of evidence given that the patient was undergoing conservative care in addition to her facet joint therapy. Therefore, the request for radiofrequency ablation at right L3 through L5 is non-certified.