

<b>Case Number:</b>	CM13-0022869		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	02/02/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 61-year-old injured worker who reported injury on 07/13/2001. The mechanism of injury stated to be the patient was unloading metal studs and transporting them into a building, and was helping to receive studs, passing them from the top floor to the bottom floor through a hole in the floor. The patient was noted to have a hemilaminectomy discectomy on the left at L4-5 and L5-S1 on 10/08/2001. The patient was noted to undergo a left permanent lumbar facet injection on 09/21/2010 with benefit. The patient was noted to have 2 repeat radiofrequency ablations on the left at the level of L3, L4, and L5 medial branches, with the last being 10/02/2012 with 75% pain relief. Diagnosis was noted to be syndrome post laminectomy lumbar and lumbar disc displacement without myelopathy. The request was made for a radiofrequency ablation of the lumbar spine at L3, L4, and L5, with fluoroscopic guidance and IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left permanent lumbar facet injections, L3, L4 and L5 radiofrequency ablation with fluoroscopic guidance and IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy, Online Version.

**Decision rationale:** The ACOEM Guidelines, Low Back Complaints Chapter indicate that a radiofrequency ablation for the treatment of selected patients with low back pain is recommended, and the indications include that they should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ACOEM Guidelines, however, do not address the criteria for the use of a facet joint radiofrequency neurotomy. A secondary source, Official Disability Guidelines, indicates that a patient should have facet joint pathology which includes the following signs: tenderness to palpation in the paravertebral area, a normal sensory exam, absence of radicular findings and a normal straight leg exam. Additionally, they indicate that no more than 2 joint levels are to be performed at 1 time and that for a repeat neurotomy to be performed unless duration of relief from the first procedure is documented for at least 12 weeks at  $\geq 50\%$  relief. No more than 3 procedures should be performed in a year's period and that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Clinical documentation submitted for review indicated the patient had 75% pain relief with a previous radiofrequency ablation. However, there was a lack of documentation indicating the patient had documented improvement in the VAS score and decreased medications. There was documentation the patient had better function, as they were noted to be able to walk further, with more ease and less guarding. It was further noted the patient was able to exercise, sit down for a longer time, and was able to do dishes with less pain. Furthermore, there was lack of documentation indicating the patient had a need for IV sedation. The request for 1 left permanent lumbar facet injection, L3, L4 and L5 radiofrequency ablation with fluoroscopic guidance and IV sedation is not medically necessary and appropriate.