

<b>Case Number:</b>	CM13-0026014		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ sustained a work-related injury on February 17, 2013. Susequently, the patient developed lower back pain and was diagnosed with lumbosacral strain and lumbosacral spondylolysis without myelopathy. According to a note dated on August 15 2013, the patient was complaining of back pain with spasm. He was treated with physical therapy, medial branch injections and pain medications. The patient physical examination demonstrated lumbar tenderness with limited range of motion, bilateral lumbar facet tenderness, decreased sensation on the anterolateral aspect of the left leg. The patient was treated with medial branch block at left L4-L5 that provided 70% pain relief during the postop phase. For some time he was able to perform this activity of daily living. The provider requested authorization for further frequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RADIOFREQUENCY LESIONING LEFT L3, L4, L5 TO COVER LEFT L4-L5, L5-SI FACET JOINTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Official Disability Guidelines (ODG) (ODG) Hip &

Pelvis (Acute & Chronic) , Sacroiliac Joint Radiofrequency Neurotomy  
(<http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#sacroiliacjoinradiofrequencyneurotomy>).

**Decision rationale:** The submitted medical records did not provide an explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the Sacroiliac Joint (SI) joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. The patient developed lumbar pain radiating to the left leg with reduced sensation following a radicular pattern. A lumbosacral radiculopathy cannot be excluded. There no objective quantification of the effect of pain medications used to treat the patient condition. Furthermore, there is a controversy over the type of technique and the efficacy of the procedure. Therefore, radiofrequency lesioning left L3, L4, L5 TO cover left L4-L5, L5-SI facet joints is not medically necessary.