MAXIMUS Federal Services

| Case Number: | CM13-0035351 | | |
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| Date Assigned: | 12/18/2013 | Date of Injury: | 02/05/2010 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

## 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 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 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:

This is a 65-year-old male with a date of injury of 2/5/2010. Diagnoses include postlaminectomy syndrome, lumbar spine stenosis and chronic pain syndrome. An MRI on 1/6/2012 demonstrates somewhat widened right L4-5 and left L5-S1 facets with enhancing granulation tissue. Grade 1 L3-4 and L4-5 retrolisthesis, enhancing right L4-5 annular tear. Lumbar spine x-ray shows a 2mm anterolisthesis of L4 with respect to L3 with forward flexion. Electrodiagnostic reports on 1/12/2012 demonstrate mild right sided S1 radiculopathy. This patient had a lumbar facet block on 7/16/2013 with 70% pain relief. On 2/3/2011 this patient has had L4-5 lumbar laminectomy and left L4 partial facetectomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Permanent Lumbar Facet Injection L4 -L5, L5 - S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Facet Joint Pain, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** A radiofrequency neurotomy (A.K.A. facet rhizotomy) is a pain management technique used to treat chronic back pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying a facet joint, specifically the medical branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. This request is for bilateral permanent lumbar facet injections (A.K.A. radiofrequency ablation/neurotomy) L4-L5 and L5-S1 to decrease lower back pain. According to MTUS there is little evidence to support lumbar facet neurotomies. The evidence is limited with regard to effective relief of facet joint pain. There is documentation in this patient's medical record indicating there may have been some short term, immediate relief with previously performed diagnostic facet block. It is not clear from the information in the medical record why this patient would require a facet neurotomy after having undergone a facetectomy. The lumbar facet block was performed on 7/16/2013 and there is a report of 70% pain relief. There is a letter suggesting the pain relief lasted for several weeks, however, there is no clearly documented evidence of on-going pain relief as evidenced by repeat assessment and evaluation over a 6 week period of time. According to the medical record there is report of right sided radicular pain on 1/12/2012. In addition, this patient has a diagnosis of spinal stenosis. According to the ODG criteria for therapeutic medial branch blocks there should be no evidence of radicular pain or spinal stenosis. Therefore, the above listed issue is considered NOT medically necessary.