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| <b>Case Number:</b>   | CM13-0037051 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 09/09/2010 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 10/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2013 |

### 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 Physical 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:

The injured worker is a 47-year-old male who reported an injury on 09/09/2010 due to an unknown mechanism. Physical examination on 03/03/2014 revealed complaints of lumbar pain on both sides but more so on the left extending into the buttocks with deep aches in the gluteus. He also stated sharp pain on the left side of the lumbar. The injured worker was beginning to have symptoms again down his right leg with pins and needles in the last 2 toes. The injured worker stated that he felt that the pain on the left side of lumbar was getting worse as well as his right leg. The injured worker stated that his pain from the injury is affecting his activities of daily living such as household chores, walking, hiking, and loss of consortium. Examination revealed lateral bending left and right, flexion and extension were about 25% decreased. There was pain to palpation on the L4-5 and L5-S1 on the lumbar spine. The injured worker had completed 8 out of 9 authorized visits of physical therapy. The injured worker demonstrated good progress with the physical therapy. The injured worker stated physical therapy had helped decrease pain and increase range of motion. It was reported in the examination that based on the few progress notes available from physical therapy, the injured worker had shown progress in the positive direction with some pain or minor setbacks which was normal. Treatment plan was to switch the injured worker to a Butrans patch that might give him better relief than the Norco, but was unable to decrease the Norco usage. The injured worker has had many epidural steroid injections, facet injections, trigger joint injections in the past. He did have radiofrequency ablation on 10/16/2012. The injured worker reported that he did not notice any significant immediate relief; however, he did notice significant relief 1 month following the procedure. The injured worker did state that the pain was 50% better. Diagnoses for the injured worker were low back pain, disc mediated and facet mediated. The request was for bilateral radiofrequency

ablation to the L3-4, L4-5, L5-S1. The rationale and request for authorization were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BILATERAL L3-L4, L4-L5, L5-S1 FACET RADIOFREQUENCY ABLATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** The request for bilateral L3-4, L4-5, L5-S1 facet radiofrequency ablation is not medically necessary.. The injured worker has had many medial branch nerve blocks, epidural steroid injections, trigger point injections, and past radiofrequency ablations. The injured worker did state he had a 50% decrease in back pain, but medications were not decreased. The documentation did not clearly indicate the injured worker's functional deficits due to lack of range of motion values, reports not submitted from prior physical therapy sessions, medications for the injured worker not being reported. 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. The Official Disability Guidelines for facet joint radiofrequency neurotomy states that it is under study. The criteria for the use of facet joint radiofrequency neurotomy injections require a diagnosis of facet joint pain using a medial branch block. While repeat neurotomies may be required, they should not occur at an interval less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief. No more than 3 procedures should be performed in a years' period. 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. The injured worker did not have documented improvement in function or range of motion from the prior rhizotomy and there were no reports of medications being decreased. Therefore, the request is not medically necessary.