

Case Number:	CM13-0037805		
Date Assigned:	12/18/2013	Date of Injury:	11/23/2001
Decision Date:	05/08/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Practice and is licensed to practice in Arizona. 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 patient is a 63-year-old male with a date of injury on 11/23/2001. His diagnoses include lumbar facet syndrome, lumbar degenerative disc disease, and post lumbar laminectomy syndrome. Subjective complaints are of low back pain with radiation to left leg. Physical exam shows lumbar spine paraspinal spasm and tenderness, decreased lumbar range of motion, negative straight leg raise, and decreased knee reflexes bilaterally. Electrodiagnostic study in April 2012 showed distal neuropathy but no radiculopathy. Treatments included rest, home exercise, stretching, medication and transcutaneous electric nerve stimulation (TENS). Medications include Arthrotec 50 mg bid (twice a day), Zanaflex 4 mg bid, and Ultram 50 mg qid (four times a day), Neurontin mg 300 tid (three times a day), Prednisone 20 mg qd (one a day) and Lidoderm 5% patch. He has received L3, 4, 5 and sacral alar lumbar radiofrequency rhizotomy in 2008, L2, 3, 4, 5 and sacral alar lumbar radiofrequency ablations 11/2010, 10/25/11 and 1/22/2013, all bilateral, and most recently L4-5 ESI on 8/12/13. Temporary results of reduced pain and medication requirements were reported after radiofrequency procedures. Pain recurred three months after the January 2013 procedure. Gabapentin was restarted. Authorization for repeat L2, 3, 4, 5 and sacral alar lumbar radiofrequency ablation and referral for surgery consultation was requested. Submitted documentation does not identify the duration of time or percentage of pain relief from the previous radiofrequency ablations. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LUMBAR RADIOFREQUENCY ABLATION A L2, L3, L4, AND L5
BILATERALLY: 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): 300.

Decision rationale: ACOEM Guidelines suggest 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. ODG suggests that radiofrequency ablation is under study, and conflicting evidence is available as to the efficacy of this procedure. ODG Guidelines define criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block (2) While repeat neurotomies may be required, they should not occur at an interval of 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 year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in visual analog scale (VAS) score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, all pain is in the lumbar region. Pain relief has been increasingly brief with repeat procedures. The previous procedure did not show sustained pain relief as defined in ODG guidelines. Percentage of relief is not documented. Ablation of multiple levels is requested. A formal plan of evidence-based care is not documented, other than ongoing and essentially unchanged prescribed medication. Therefore the requested procedure is not medically necessary.