

<b>Case Number:</b>	CM13-0039050		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/20/2003
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported injury on 05/20/2003. The mechanism of injury was not provided. The patient was noted to have a previous RFA of the lumbar facet nerves. The patient was noted to have paravertebral tenderness with tenderness to palpation at the facet joints. The patient's diagnoses were noted to include low back pain and facet syndrome of the lumbar region. A request was made for a facet nerve radiofrequency ablation at L1-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Facet nerve radiofrequency ablation left L1-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Criteria for use of facet joint radiofrequency neurotomy.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that

diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there was the application of the Official Disability Guidelines who indicate that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least twelve weeks at ≥ 50% relief and 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. It further states that no more than two joint levels are to be performed at one time. Clinical documentation submitted for review indicated the patient was requiring a repeat RFA over the facet nerves at L1-5. The patient was noted to have paravertebral tenderness with palpation and tenderness to palpation about the facet joints. However, there was a lack of documentation of 50% relief and a documented improvement in the (VAS) score, decreased medication, and documented improvement in function. Additionally, the request was for more than 2 levels. Given the above, the request for a facet nerve radiofrequency ablation left L1-5 is not medically necessary.