

<b>Case Number:</b>	CM13-0046829		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Orthopedic Surgery, 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:

This 49-year-old male sustained a low back injury on 4/2/08 secondary to repetitive heavy lifting. The patient underwent anterior lumbar fusion at L4/5 and L5/S1 in 2011. The 5/14/13 orthopedic report documented bilateral intra-articular lumbar facet injections at L4/5 and L5/S1 three weeks prior with 60% improvement. The 9/25/13 neurosurgical report documented persistent low back pain that increases after 15 minutes of sitting. The neurologic exam was normal with no motor or sensory deficits. Lumbar range of motion was associated with some low back pinching pain that was non-dermatomal in nature. The neurosurgeon documented recent 5-view lumbar x-rays that showed solid interbody fusion of L4/5 and L5/S1 with well-maintained disc height and normal sagittal balance. There was no clear subluxation at the levels adjacent to the surgical site. The patient was advised to swim and another trial of low-impact exercise was recommended. The neurosurgeon stated that he was not clear about the cause of the patient's persistent mid lower back pain and indicated that facet blocks or repeat MRI could be helpful. The 10/1/13 orthopedic report noted that the patient had chronic aching low back pain and routinely wore a brace. Exam findings documented paravertebral tenderness, positive facet loading bilaterally which was exacerbated by extension, bilateral L3/4 facet joint tenderness, negative straight leg raise bilaterally, and normal motor, sensory, and reflex exam. The orthopedist documented a 9/3/13 lumbar CT scan showing mild L3/4 and severe L4/5 and L5/S1 facet hypertrophy bilaterally. He opined that the patient would benefit from radiofrequency ablation for better sustained pain relief allowing him to increase his level of activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **INPATIENT BILATERAL RADIOFREQUENCY OF THE L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 189,196. Decision based on Non-MTUS Citation OCCUPATIONAL MEDICAL PRACTICE GUIDELINES (OMPG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) LOW BACK DISORDERS (REVISED 2007) PAGE 189, 196.

**Decision rationale:** Under consideration is a request for inpatient bilateral radiofrequency of the L4-L5. The California MTUS guidelines do not provide recommendations for this procedure. The revised ACOEM Low Back Chapter does not recommend therapeutic facet joint injections for chronic low back pain and state that radiofrequency neurotomy, neurotomy, and facet rhizotomy are not recommended for the treatment of any spinal condition. The Official Disability Guidelines indicate that factors associated with failed radiofrequency ablation treatment include positive facet loading, longer duration of pain and disability, significant opioid dependency, and history of back surgery. This patient has positive facet loading and is status post fusion at L4/5 and L5/S1. The bilateral intra-articular facet joint injections at L4/5 and L5/S1 in April 2013 provided 60% improvement for an undetermined length of time with no indication that medications were reduced or function was improved. Additionally, there are no medical comorbidities documented that would provide evidence for this to be considered on an inpatient basis. Given the absence of guideline support and potential contraindications, this request for inpatient bilateral radiofrequency ablation of the L4-L5 is not medically necessary.