

<b>Case Number:</b>	CM13-0048218		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/26/1994
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

A 68 year old female injured worker with date of injury 5/26/94. Sensory and motor exam were normal. Reflexes were found to be symmetrical bilaterally in the upper extremity and lower extremity. Straight leg raise test was negative bilaterally. Previous radiofrequency ablation was performed on 9/10/12. The provider stated that the injured worker had greater than 70% pain relief for greater than 6 months. Treatment to date has included physical therapy, medication management, and electrical and heating modalities. The date of UR decision was 10/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) REPEAT LUMBAR FACET INJECTION NERVE RADIOFREQUENCY BETWEEN 10/8/2013 AND 12/6/2013: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Per MTUS ACOEM, "Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks" but beyond that MTUS is silent on specific requirements for RF ablation in the lumbar

spine. The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (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  $\geq 50\%$  relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). 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 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. Regarding criteria (1) above, the criteria for the use of diagnostic blocks for facet "mediated" pain include: 8. the use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The injured worker had bilateral lumbar facet joint nerve radiofrequency ablation in 2012 with significant relief of back pain lasting more than 6 months, allowing her to have increased overall mobility, improved functional abilities, and perform activities of daily living with less pain. The patient currently has a recurrence of the same pain in the same area of the lumbar spine. Physical examination is consistent with lumbar facet arthropathy. I respectfully disagree with the UR physician's assertion that the patient continued to use Opana for analgesic relief following ESI, as that medication was PRN it is not certain that its use was not decreased following the ESI. The UR physician may have been confused and thought the request was for repeat injection. The RF ablation was not done for radicular pain, so the radicular pain at follow up may have been another source of pain, which is common. Repeat lumbar facet joint nerve radiofrequency ablation is medically necessary.