

<b>Case Number:</b>	CM13-0057090		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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:

This patient is a 42-year-old male with date of injury 04/20/2011. Per treating physician's report 11/04/2013, the patient has persistent left-sided low back pain, well-documented diagnosis of L4-L5, L5-S1 facet joint, had excellent prior relief from radiofrequency treatment with greater than 70% to 80% reduction over 10 months. The listed diagnosis is left lumbar facet pain involving L4-L5 and L5-S1. Under the treatment plan, the treating physician indicates that repeat medial branch block is not requested given the well-defined diagnosis and the request was for radiofrequency (RF) ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar radiofrequency at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents with chronic left-sided low back pain with radiation down the left lower extremity. The current request is for repeat radiofrequency ablation of the lumbar spine on the left side at L4-L5 and L5-S1. Review of the medical records, particularly AME (agreed medical evaluation) report from 03/20/2013 gives us an idea of the patient's injection history and its efficacy. Per 03/20/2013 AME report, medical records review shows the following; radiofrequency was originally performed on 12/08/2011, subsequent reports show no evidence of pain reduction. In fact, 12/29/2011 reports states that the patient continues to have pain and Medrol Dosepak was recommended. On 01/19/2012, trigger point injections were recommended due to persistent pain. On 03/20/2012, the patient reported feeling much better but visual analog scale was at 8/10 per 04/17/2012 report. By 05/24/2012, SI (sacroiliac) joint injection was being requested and 06/25/2012 number of Vicodin was increased. On 07/23/2012, report indicates that rhizotomy helped but also indicates that the patient was better by 40% following SI joint injection which was provided on 05/24/2012. Then on 09/20/2012, piriformis muscle injection was performed. On 11/12/2012, the clinica note indicates that the patient has persistent low back pain with radiation down the left lower extremity. Then on 11/26/2012, facet joint rhizotomy was repeated. On that day, the progress report indicates the patient's pain improved but the visual analog scale was still at 7/10. On 01/17/2013, the patient continued to experience left buttock pain with radiation down the left lower extremity. On 04/15/2013 has the patient's pain at 9/10, 05/21/2013 has pain at 8/10, and now the treating physician is requesting left piriformis and left SI joint injection again. On this date, the patient had persistent low back pain with radiation down the left lower extremity down to the heel. Medication was Norco 7.5/325 #120. The ACOEM Guidelines allow for radiofrequency (RF) ablation. The ACOEM Guidelines page 300 and 301 states "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 (ODG) also provide discussion regarding radiofrequency ablation and it states "a neurotomy should not be performed unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief." Furthermore, approval of repeat neurotomies depends on documented improvement in visual analog scale, decreased medications, and documented improvement in function. In this case, as noted above, there is no documentation that this patient actually benefited from radiofrequency ablation despite 2 prior procedures that were done. This is despite the treating physician's strongly held belief that these injecti