

<b>Case Number:</b>	CM13-0057330		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/13/2013
<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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported injury on 09/20/2010. The patient's diagnoses are noted to include thoracic disc protrusion, stenosis, and sprain/strain. The patient underwent an initial bilateral T10-11 and T11-12 radiofrequency ablation on 05/18/2012. The patient received 50% pain relief for 16 months. The documentation submitted for review dated 01/2013 revealed the patient was on Norco for pain. The documentation submitted with the request on the date of 09/05/2013 revealed the patient had aggravated thoracic pain. The patient was taking 3 to 4 hydrocodone per day and was currently out of medication as he had been dispensed enough for 3 times a day. The patient's medications on that date of service were noted to be Norco 10/325, Lidoderm 5% patch, and Prilosec 10 mg. The physical examination revealed the patient's nerve root tension signs were negative bilaterally. Thoracic and lumbar facet joint provocative maneuvers were positive. Muscle strength was 5/5 in the bilateral lower extremities and the patient had decreased sensation along the left T7, T8, and T9 dermatomes. The treatment plan was noted to include hydrocodone 10/325 mg one 4 times a day as needed for pain #120 with no refills and a repeat fluoroscopically guided bilateral T10-11 and T11-12 radiofrequency nerve ablation. It was indicated the patient had 50% pain relief for 16 months and the patient was able to decrease his Norco and take 1 to 2 tablets daily for more than 1 year following the procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A repeat bilateral T10-T12 radiofrequency nerve ablation with fluoroscopic guidance:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint radiofrequency neurotomy

**Decision rationale:** ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the patient had tenderness to palpation in the paravertebral area over the thoracic spine. It was indicated the patient had 50% pain relief for 16 months with the prior injection and the patient was able to decrease his Norco and take 1 to 2 tablets daily for more than 1 year following the procedure. While the patient had decreased sensation along the left T7, T8, and T9 dermatomes, the decreased sensation was not at the level of the requested procedure. The patient's muscle strength was 5/5 in the bilateral lower extremities. Given the patient's pain relief, the request for repeat fluoroscopically-guided bilateral T10-T11, T11-T12 radiofrequency nerve ablation is medically necessary.