

<b>Case Number:</b>	CM13-0062266		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/13/2008
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational 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:

According to the records made available for review, this patient reported an 11/13/08 date of injury. At the time of request for authorization for lumbar Radiofrequency Neurolysis at bilateral L2 and L3, there is documentation of subjective (increased back pain, pain rated 6-9/10) and objective (L/S no process tenderness, no paraspinal muscle spasm, no SIJ tenderness or sciatica, steady gait) findings, current diagnoses (lumbago, lumbosacral sprain and strain), and treatment to date (medications and exercises). A medical report dated 12/17/13 identifies that the patient had this procedure before and had significant benefit in his pain for approximately 1 ½ years. There is no documentation of at least one set of diagnostic medial branch blocks with a response of ≥ 70%, documented improvement in VAS score, documented improvement in function, and at least 12 weeks at ≥ 50% relief with prior neurotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR LUMBAR RADIOFREQUENCY NEUROLYSIS AT BILATERAL L2 AND L3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back, Web Edition

**MAXIMUS 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 Chapter, Facet Joint Radio frequency Neurotomy

**Decision rationale:** MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of  $\hat{\approx}$  70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, as criteria necessary to support the medical necessity of facet neurotomy. In addition, ODG identifies documentation of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at  $\hat{\approx}$  50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbosacral sprain and strain. In addition, there is documentation of low back pain and that the patient had a previous RFA with reported benefit for 1  $\hat{\approx}$  1/2 years. However, there is no documentation of at least one set of diagnostic medial branch blocks with a response of  $\hat{\approx}$  70%, documented improvement in VAS score, documented improvement in function, and at least 12 weeks at  $\hat{\approx}$  50% relief with prior neurotomy. Therefore, based on guidelines and a review of the evidence, the request for lumbar Radiofrequency Neurolysis at bilateral L2 and L3 is not medically necessary.