

<b>Case Number:</b>	CM13-0064981		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 31-year-old male who reported an injury on 08/23/2011 after twisting his back during baton practice. The injured worker complained of lower back pain. The injured worker had a diagnoses of lumbar spondylosis and chronic lower back pain. Prior diagnostics included an x-ray of the lumbar dated 06/21/2012 that revealed lumbar spondylosis at the L5-S1 and an MRI dated 06/21/2012 which revealed lumbar spondylosis at the L5-S1, most likely the cause of back pain. The prior treatments included injections, home exercise, and medication. The medications included Celebrex 200 mg, aspirin 325 mg, metropolis tartrate, and hydrochlorothiazide. The physical examination dated 06/07/2013 of the lumbar spine revealed no evidence of scoliosis and tenderness to palpation across the lower back. The lumbar spine testing showed slightly decreased range of motion in flexion, extension, lateral flexion, and rotation. Motor strength was 5/5 bilaterally, sensory intact, reflexes at 2+, normal gait, and straight leg test revealed a 70 to 90 degree with supine sitting position. The injured worker rated his pain a 3/10 being the worst and the least 2/10 using the VAS. The treatment included a left radiofrequency ablation at the L5-S1. The Request for Authorization dated 08/13/2013 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L5-S1 RADIOFREQUENCY ABLATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The request for a left L5-S1 radiofrequency ablation is not medically necessary. The California ACOEM states 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. The Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief that is sustained for at least 6 months. 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. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The clinical notes did not indicate that the injured worker had a decrease in medication or obtained greater than 50% relief. There was no documentation of an improved VAS score. The physical examination of the lumbar spine revealed normal findings. As such, the request is not medically necessary.