

<b>Case Number:</b>	CM13-0065559		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 with a reported date of injury on 10/11/2012. The mechanism of injury was not submitted within the medical records. His diagnoses are noted to include lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, broad based disc protrusion at L5-S1 measuring 2 mm, broad based and right lateral disc protrusion at L4-5 with annular disc tear, lumbar stenosis, lumbar sprain/strain status post positive fluoroscopy guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block. His previous treatments were noted to include physical therapy, NSAIDs and a facet joint medial branch block. The progress note dated 10/29/2013 revealed the injured worker complained of low back pain. The physical examination of the lumbar spine noted tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints. The lumbar ranges of motion were restricted by pain in all directions and extension was worse than flexion. The lumbar discogenic provocative maneuvers were positive and nerve root tension signs were negative bilaterally. The muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Muscle strength was rated 5/5 in all limbs and the remainder of the examination was unchanged from previous visits. The provider indicated the injured worker had a positive fluoroscopically guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block on 08/01/2013. The progress note dated 08/08/2013 revealed the injured worker was status post fluoroscopically guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block performed on 08/01/2013 which provided no relief. The progress note dated 09/03/2013 revealed the injured worker was status post positive fluoroscopy guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block performed on 08/01/2013 which provided 70% improvement of bilateral low back pain and improved lumbar radiculopathy 30 minutes

after the injection that lasted longer than 2 hours. The progress note dated 11/13/2013 was for a fluoroscopy guided bilateral L4-5 and bilateral L5-S1 facet radiofrequency nerve ablation due to joint pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FLUOROSCOPICALLY GUIDED BILATERAL L4-L5 AND BILATERAL L5-S1 FACET JOINT RADIOFREQUENCY NERVE ABLATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for a fluoroscopically guided bilateral L4-5 and bilateral L5-S1 facet radiofrequency nerve ablation is non-certified. The injured worker has had a previous facet joint medial branch block performed 08/01/2013. The Official Disability Guidelines state conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. The guidelines criteria for the use of facet joint radiofrequency neurotomy as a treatment requires a diagnosis of facet joint pain such as a diagnostic medial branch block required with a response of greater than 70% and the pain relief should last at least 2 hours for lidocaine. The guidelines criteria for use is no more than 2 joint levels are to be performed at 1 time. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. There is inconsistent documentation regarding positive facet joint medial branch blocks. The documentation provided dated 08/08/2013 revealed the injured worker received no relief from the previous facet joint medial branch block, the documentation provided dated 09/2013 revealed the injured worker received 70% improvement of bilateral low back pain and improved lumbar radiculopathy 30 minutes after the injection and that lasted longer than 2 hours. Due to the inconsistent documentation regarding the effectiveness of the facet joint medial branch block, a facet joint radiofrequency nerve ablation is not appropriate at this time. Therefore, the request is not medically necessary.