

<b>Case Number:</b>	CM13-0067987		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/13/2009
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Management 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 is a 51-year-old female with a 11/13/09 date of injury. At the time (11/14/13) of the Decision for facet block, L3-4, radiofrequency ablation, there is documentation of subjective (pain with numbness on the mid part of the bottom of the feet up to the toes) and objective (tenderness over the L5 region, antalgic gait, and decreased sensation over the lower extremities bilaterally) findings, current diagnoses (post laminectomy syndrome and low back pain), and treatment to date (bilateral L4-5 and L5-S1 laminotomy, L4-5 microdiscectomy, L5-S1 fusion, physical therapy, aquatic therapy, and medications). Medical reports identify that it is recommended that the medial branch blocks to be provided as a therapeutic tool in determining whether or not the radiofrequency ablation would be of value. There is no (clear) documentation of pain that is non-radicular.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET BLOCK, L3-4, RADIOFREQUENCY ABLATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** Specifically regarding facet blocks, MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Specifically regarding radiofrequency ablation, 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  $\geq 70\%$ , 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. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome and low back pain. In addition, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and medications) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective findings (pain with numbness on the mid part of the bottom of the feet up to the toes) and objective findings (decreased sensation over the lower extremities bilaterally), there is no (clear) documentation of pain that is non-radicular. In addition, given documentation of the request for medial branch blocks to be provided as a therapeutic tool in determining whether or not the radiofrequency ablation would be of value, there is no documentation of at least one set of diagnostic medial branch blocks with a response of  $\geq 70\%$ .