

<b>Case Number:</b>	CM14-0001580		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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:

The patient is a 41 year old female who was injured on 10/02/2008 while she was trying to tip and push a dolly, her right knee popped with acute pain. Prior treatment history has included several sessions of physical therapy; medications including Ketoprofen, Norco, Naprosyn, carisoprodol. The patient underwent a lumbar diagnostic facet joint medial branch block, 6 levels on 10/03/2013; and right knee arthroscopy x3. Diagnostic studies reviewed include MRI of the lumbar spine without contrast on June 17, 2013 reveals 1) L4-L5 disc demonstrate a 3.7 mm diffuse posterior bulge, severe bilateral foraminal narrowing. 2) The L5-S1 disc is narrowed, desiccated, and demonstrates a 4.1 mm diffuse posterior annular bulge with annular tear. PR2 dated 12/03/2013 indicates the patient presents for a re-evaluation. Objective findings on exam reveal tenderness to palpation of lumbar paraspinal muscles overlying bilateral L3-S1 facet joints. Lumbar provocative maneuvers were positive. The patient has lumbar spasm. The motor power bilaterally of the lower extremity is 5/5. The patient is diagnosed with 1) Bilateral lumbar facet joint pain L3-S1; 2) Lumbar facet joint arthropathy, and 3) Right knee degenerative medial meniscal tear. The patient is awaiting appeal response of the patient's bilateral fluoroscopy of L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation. If authorized, this injection can be scheduled within 1 week of authorization. The patient is instructed to follow-up after injection. PR2 dated 10/15/2013 reports the patient is status post positive fluoroscopically guided bilaterally at L4-L5 and L5-S1 facet joint medial branch block that provided 75% improvement of bilateral low back pain with improvement in range of motion 30 minutes after the injection that lasted greater than 2 hours. Prior UR dated 12/16/2013 documents there is no documentation of controlled differential dorsal ramus medial branch diagnostic blocks and there is no formal treatment plan in addition to facet joint therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FLURO BILATERAL L4-L5 L5-S1 FACET JOINT RADIOFREQUENCY NERVE ABLATION:** Upheld

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

**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 CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Following are guidelines on criteria for use of facet joint radiofrequency neurotomy and Criteria for use of facet joint radiofrequency neurotomy: there should not occur at an interval of less than 6 months from the first procedure. The medical records document the patient was diagnosed with bilateral lumbar facet joint pain, lumbar facet joint arthropathy, and right knee internal degenerative medial meniscuses tear. The patient underwent a lumbar diagnostic facet joint medial branch block, 6 levels on 10/03/2013. In the absence of documented difference in the subjective and objective findings pre and post the diagnostic injection, absence of documented VAS, decreased medication use, and absence of documented improvement of pain and function, the request is not medically necessary according to the guidelines.