

<b>Case Number:</b>	CM14-0002871		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/29/2006
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Orthopedic Surgery 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 injured worker is a 67-year-old male who reported an injury on 03/29/2006. The mechanism of injury was the injured worker had to unload a box that weighed between 300 and 400 pounds. The injured worker unloaded the box and put it back into a trailer and after performing the task, the injured worker had sharp pain in the low back. The injured worker underwent a bilateral facet block at L3 through L5 under fluoroscopy with arthrography on 11/18/2013. The injured worker's diagnosis was lumbosacral spondylosis. The documentation of 12/09/2013 revealed the injured worker had significant improvement in pain with the injection for a couple of days and was able to increase his level of activity. The pain returned. The physical examination revealed a positive lumbar facet loading maneuver and a negative straight leg raise. The injured worker had tenderness to palpation in the lumbar facets at the level of L2 through L5. The diagnoses additionally included lumbar facet arthropathy. The treatment plan included a bilateral L3 through S1 medial branch radiofrequency ablation, refill of medications, and activity as tolerated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 BILATERAL L3-S1 MEDIAL BRANCH RADIOFREQUENCY ABLATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS, 300-301.

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

**Decision rationale:** ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended, as 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However, the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the injured worker had a decrease in pain and had an increase in the level of activity. However, there was a lack of documentation of objective functional improvement as well as an objective decrease in pain. Additionally, the request was noted to be for more than 2 levels, which is not supported. The prior injection was for the level of L3 through L5. There was a lack of documentation indicating the injured worker had undergone a prior diagnostic study at S1. Given the above, the bilateral L3-S1 medial branch radiofrequency ablation is not medically necessary.