

<b>Case Number:</b>	CM14-0003302		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/18/2013
<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 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 injured worker is a 67-year-old who reported an injury on March 24, 2000 due to a slip and fall. The clinical note dated January 10, 2014 presented the injured worker with increased lower back pain. The physical exam reported lumbar range of motion values of 10 degrees of flexion limited by pain, and extension, left lateral bending, and right lateral bending limited by pain. There was tenderness noted to the spinous process at L4 and L5, lumbar facet loading presented as positive bilaterally, the injured worker had a positive straight leg raise on the left side in sitting at 45 degrees, and a positive FABER test. The injured worker was diagnosed with lumbar stenosis, encounter for long-term use of other medications, lumbar degenerative disc disease, and lumbosacral spondylosis with myelopathy. The provider recommended a bilateral radiofrequency ablation for L3, L4, L5, and S1. The request for authorization form is dated December 13, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL RADIOFREQUENCY ABLATION L3-L4-L5-S1: 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 MTUS: AMERICAN COLLEGE OF

**Decision rationale:** The request for a bilateral radiofrequency ablation for the L3, L4, L5, and S1. The Low Back Complaints Chapter of the ACOEM Practice Guidelines 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 twelve weeks at ≥ 50% relief that is sustained for at least six months. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS (visual analog scale) score, decreased medications, and documented improvement in function. No more than two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably two 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 request for a bilateral radio frequency ablation for the the L3, L4, L5, and S1; exceeds the recommendations of the guidelines. The guidelines recommend that no more than two joint levels are to be performed at one time. The requesting physician did not include adequate documentation of significant physical exam findings congruent with facetogenic pain and the provider noted the injured worker had a positive straight leg raise on the left; the guidelines do not recommend radiofrequency ablation for injured workers with findings of radiculopathy. There was a lack of documentation detailing whether the injured worker had a diagnostic block to the facet joints. The medical documentation does not support the need for a bilateral radiofrequency ablation and there is lack of documented evidence that can be used to measure functional deficits and improvements. The request for bilateral radiofrequency ablation at L3-L4-L5-S1 is not medically necessary or appropriate.