

<b>Case Number:</b>	CM14-0004020		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 40-year-old female who sustained an injury November 1, 2012. The mechanism of injury occurred when the injured worker was pushed out of a room. The injured worker complained of pain rated 4-5/10 from a previous rating of 10/10. The injured worker reported that any activity immediately increased the pain to 10/10. The physical examination noted tenderness over the bilateral paraspinal muscles of the lumbar spine, right lateral tilt increased her pain. The physical exam noted extension was to 10 degrees. The injured worker had a diagnosis of lumbosacral sprain/strain with facet syndrome. The provider noted that the injured worker had significant relief of her pain with the facet injection on the right only. The provider also noted that though the pain had always been bilateral, the right in the past had been more significant than the left, which was why the right side was chosen. The injured worker underwent a right radiofrequency lumbar facet neurotomy on January 15, 2014 at L4-5 and L5-S1 under fluoroscopy. The injured worker had 50% to 75% temporary pain relief and good functional improvement from the diagnostic temporary lumbar facet injection with local anesthetic for more than 6 weeks. The injured worker also underwent a left lumbar facet L4-5 and L5-S1 radiofrequency neurotomy on January 28, 2014. The injured worker had 50-75% temporary relief and good functional improvement from the diagnostic temporary lumbar facet injection with local anesthetic. The provider is requesting outpatient radiofrequency ablation of the median branch at L4-5 and L5-S1. The Request for Authorization was provided and submitted on December 9, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT RADIOFREQUENCY ABLATION OF THE MEDIAN BRANCH AT L4-L5 AND L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** The injured worker had 50% to 75% temporary pain relief and good functional improvement from the diagnostic temporary lumbar facet injection with local anesthetic for more than 6 weeks. The ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief of pain. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. However, the ODG 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 12 weeks at greater than 50% relief that is sustained for at least 6 months. The guidelines also note the approval of repeat neurotomies depends upon the variables, such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medication, and documented improvement in function. The guidelines also note no more than 2 joint levels are to be performed at 1 time. If different joint levels require a neural blockade, they should be performed at intervals of no sooner than 1 week and preferably 2 weeks for most blocks. The guidelines also note there should be documentation of failure of conservative treatment. The documentation provided indicated the provider noted the injured worker had pain relief on the right side only, although the pain had always been bilateral. It was unclear at what level the medial branch block was performed. The injured workers response to and the efficacy of the prior radiofrequency ablation was unclear. Additionally, the request submitted does not specify if the radiofrequency ablation is to be bilateral or right or left-sided. The request is not medically necessary.