

<b>Case Number:</b>	CM14-0102238		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/07/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old male who reported an injury on 01/07/2008 due to falling from a roof. The past treatments were physical therapy, left knee injection, bilateral L4-S1 facets 09/13/2013 and 12/02/2009 with a 50% pain relief that lasted 15 days. Diagnostics were an MRI of the left knee. Surgical history is an open reduction internal fixation, distal radius, navicular and displaced ulnar styloid fracture in 2008. The injured worker had complaints of pain that was worse in the morning. Also, the injured worker stated the least pain was a 6/10, average pain 6/10, and the worst pain was a 7/10. Without medications he stated his pain was a 10/10. The injured worker complained that he wakes at least 3 times during the night. Physical examination on 07/10/2014 of the lumbosacral spine, palpation/spinal tenderness was abnormal. Neurological examination revealed complaints of balance problems. Medications were Voltaren 1% gel, Celexa 20 mg tablets, and Percocet 10/325 mg. The treatment plan was for bilateral radiofrequency neurotomies at the L4-5 and L5-S1. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral RFA Radiofrequency Destruction, L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Therapeutic

Injections; Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, 2008 or current year. Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** The request for bilateral RFA radiofrequency destruction, L4-5 is non-certified. The ACOEM Guideline indicates that a facet neurotomy (rhizotomy) should be performed after appropriate investigation involved controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain, which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally, and they recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered understudied). There was no physical examination of the lumbar spine. There was no straight leg test reported. There were no reports of physical therapy failure. The injured worker had 2 previous facet joint injections with a 50% pain relief, the guidelines recommend a response of 70%. Therefore, the request is non-certified.

**Bilateral RFA Radiofrequency Destruction L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Therapeutic Injections; Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, 2008 or current year. Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** The request for bilateral RFA radiofrequency destruction L5-S1 is non-certified. The ACOEM Guideline indicates that a facet neurotomy (rhizotomy) should be performed after appropriate investigation involved controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain, which includes tenderness to palpation at the paravertebral area, a normal

sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally, and they recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered understudied). There was no physical examination of the lumbar spine. There was no straight leg test reported. There were no reports of physical therapy failure. The injured worker had 2 previous facet joint injections with a 50% pain relief, the guidelines recommend a response of 70%. Therefore, the request is non-certified.

**Fluoroscopic Guidance:** 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 Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injection.

**Decision rationale:** The request for fluoroscopic guidance is non-certified. The Official Disability Guideline states fluoroscopic guidance with use of contrast is recommended for all approaches, as needle misplacement may be a cause of treatment failure. But due to the fact requests number 1 and 2 were non-certified, this request is non-certified also.

**Sedation:** 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 Official Disability Guidelines (ODG) Low Back , Facet Joint Diagnostic Blocks.

**Decision rationale:** The request for sedation is non-certified. The Official Disability Guidelines state the use of IV sedation (including other agents, such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Due to the fact that the previous requests are non-certified, this request is also non-certified.