

<b>Case Number:</b>	CM14-0102968		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 49-year-old female who reported an injury on 07/09/2008. The mechanism of injury was not provided within the medical records submitted for review. The injured worker diagnoses included lumbar degenerative disc disease, lumbar radiculitis, lumbar radiculopathy, depression, osteoarthritis localized secondary involving ankle and foot, myalgia and myositis unspecified. Previous treatments included lumbar medial branch block on 04/04/2014, Orthovisc injection, lumbar ESI at L5-S1 on 04/26/2013, left L3-5 medial branch blocks 04/13/2012, left L3-L5 radiofrequency ablation on 05/04/2012, right L3-5 medial branch radiofrequency ablation on 12/07/2012, right L3-5 medial branch blocks on 01/13/2012, right L4-5 and L5-S1 intra-articular injections and physical therapy. Diagnostic studies included MRI of the right knee without contrast on 02/20/2012; unofficial MRI of the lumbar spine without contrast on 05/23/2011, which revealed L5-S1 moderate degenerative disc disease with disc bulge into lateral recess without nerve impingement and moderate facet arthrosis and mild arthrosis at L3-4 and L4-5. Surgical history included left knee arthroscopy with arthroscopic partial medial meniscectomy, arthroscopic chondroplasty of the medial femoral condyle and femoral sulcus on 02/20/2014, left foot/ankle reconstruction posterior tibial Achilles tendon, excision of superior tuberosity of the calcaneus, gastroc soleus recession on 04/16/2013, right knee arthroscopy microfracture and chondroplasty of the medial femoral condyle and chondroplasty of the patella on 05/14/2009 and debridement and repair of right Achilles tendon and resection of the posterosuperior tuberosity of the calcaneal spur, flexor hallucis longus tendon transfer and reconstruction of the Achilles tendon on the right on 06/25/2009 and ankle surgery 03/04/2010. It was noted on the SOAP note dated 04/16/2014, the injured worker reported excellent pain relief following the medial branch block for only 1 day. The injured worker reported the back pain had improved and was doing well. The injured worker reported

some pain with lying on the right side and pain that radiates into the right leg. The injured worker reported medications help keep her active with usual activities of daily living (ADL). The injured worker reported her pain level was 6/10 and reported associated numbness in the legs, ankles and spine with pins and needles sensation in the spine, ankles, knees and shoulder. Objective findings referring to the lumbar spine were not provided on the SOAP note dated 04/16/2014. It was noted on the SOAP note dated 05/21/2014, the injured worker reported the improvement in back pain did not last and over the month the constant aching had increased. The injured worker reported pain was worse in the morning and with standing and began to have radiating pain down the posterior region of her legs to her heel. The injured worker denied numbness and paresthesias and reported increased knee and ankle pain. The documentation noted the location of the pain to be the neck, shoulders, elbows, wrists, low back, left leg, bilateral knee and bilateral ankle. Objective findings referring to the lumbar spine were not provided on the SOAP note dated 05/21/2014. Medications were not provided within the medical records submitted for review. The provider requested a left L3, L4 and L5 medial branch block radiofrequency ablation. The rationale for the requested treatment plan was not provided within the medical records submitted for review. The Request for Authorization form was not provided within the medical records submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L3, L4, L5 Medial Branch Block Radiofrequency Ablation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Medial Branch Block/Radiofrequency Ablation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** The injured worker has a history of back, knee and ankle pain. The injured worker also has a history of neck, shoulders, elbows, wrists and left leg pain. The California MTUS/ACOEM Guidelines state that invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines state the criteria for facet joint radiofrequency neurotomy include evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy and treatment requires a diagnosis of facet joint pain using a medial branch block. The guidelines state that while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. 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. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months' duration). The guidelines also state that approval of repeat neurotomies depends on variables, such as evidence of adequate diagnostic blocks, documented improvement in visual analog scale (VAS) score, decreased medications and documented improvement in function. The guidelines further state that no more than 2 joints levels are to be

performed at the same time. The documentation provided noted the injured worker has a history of chronic low back pain and to have received lumbar epidural steroid injection at L5-S1 on 04/26/2013, left medial branch blocks at L3-5 on 04/13/2012, right medial branch block at L3-5 on 01/13/2012, left L3-5 medial branch radiofrequency ablation 05/04/2012 and right L3-5 medial branch radiofrequency ablation on 12/07/12. The documentation provided also noted a medial branch block on 04/04/2014 that reduced pain from 8/10 to 2/10; however, the documentation noted the relief only lasted for 1 day. The clinical documentation failed to indicate any significant objective functional deficits to warrant a repeat procedure. The documentation provided also failed to indicate a significant improved functional capacity with prior procedures. As with the guideline recommendations that treatment requires a diagnosis of facet joint pain using a medial branch block, the provider failed to submit documentation supporting diagnosis of facet joint pain. There is lack of documentation to indicate that the previous procedures provided greater than 50% pain relief for a period of at least 6 months. Additionally, there is lack of documentation to indicate a decreased need in medication status post prior procedures. As with the guideline recommendations that no more than 2 joint levels are to be performed at 1 time, the requested treatment plan exceeds the recommendations. Based on the above criteria, the decision for left L3, L4, L5 medial branch block radiofrequency ablation is not medically necessary and appropriate.