

<b>Case Number:</b>	CM14-0016439		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Neuromuscular 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 patient is a 57 year old male with a date of injury of 10/25/07. The injury occurred when a patient slipped on the step of the garbage truck and twisted his low back. The diagnoses include chronic left low back pain secondary to lumbar degenerative disc disease and lumbar facet arthropathy; and status post left lumbar laminectomy in 2010. There is a request for the medical necessity of L4-S1 facet radiofrequency ablations. An MRI of the lumbar spine dated on January 28, 2011 demonstrates: L3-4 slightly diffuse Disc bulge and mild facet arthropathy, L4-5 post laminectomy changes, diffuse disc bulge and There is a small area of epidural scar on the left, moderately bulky facet arthropathy. Per a progress report dated 11/27/13 the patient underwent left L3-4, L4-5 and L5-S1 facet block under fluoroscopic guidance on 11/15/13. He states his left low back pain significantly improves from last injection. He has at least 50% relief from injection. He states he feels muscle tightness in his bilateral lateral low back area. His pain level decreases to 3-4/10 from 8/10. On physical exam he had normal gait. Palpation of the lumbar paraspinal muscles had no tenderness in the lower lumbar area on the left. Palpation of the buttock has no tenderness on the left. Muscle strength is 5/5 in the lower extremities bilaterally. Sensation was decreased to pinprick in the left lower extremity. Discogenic stress maneuvers were pain provoking. Patrick's maneuver was negative bilaterally. Straight leg raise was negative in the lower extremity bilaterally. Lumbar extension is not painful. As of 12/3/13 the patient continues to have low back pain. He has received an L3 through S1 facet injection recently and they gave him about 70% to 80% relief, which is a good sign for him. On physical exam the patient continues to have good strength and sensation in his bilateral lower extremities. The plan includes radiofrequency ablations from L3 through S1 on the left-hand side.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LEFT L4-S1 FACET RADIOFREQUENCY ABLATIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS/ACOEM guidelines state that 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 (ODG) states that treatment for facet neurotomy requires a diagnosis of facet joint pain using a medial branch block with criteria that state that for the diagnostic medial branch blocks no more than 2 facet joint levels are injected in one session. In this case, the documentation indicates that the patient had more than 2 facet joint levels injected on 11/15/13(Left L3-L4, L4-L5 and L5-S1) which exceeds the guideline recommendations for medial branch blocks (diagnostic.). Therefore, the request for a left L4-S1 facet radiofrequency ablation is not medically necessary and appropriate.