

<b>Case Number:</b>	CM14-0019413		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	06/29/1998
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 and is licensed to practice in Illinois. 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 50 year old female who reported an injury on 06/29/1998. The mechanism of injury was unclear in the clinical documentation submitted. The clinical note dated 01/28/2014 reported the injured worker complained of moderate to severe low back pain radiating to the bilateral buttocks and bilateral groins. The injured worker noted the pain is associated with muscle spasms and stiffness. The injured worker denied any pain into her lower extremities. The physical exam noted there was no evidence of lumbar radiculopathy, there was lumbar facet tenderness from L2- L5 bilaterally and L5-S1. The provider noted pain in the lumbar spine worsened with extension, side bending, and rotation of the spine. Neurological exam was normal. The injured worker has had past therapies to include bed rest, activity modification, heat and ice, chiropractic treatments, physical therapy, NSAIDs, muscle relaxants, TENS unit and acupuncture for more than 12 weeks. The provider noted the injured worker underwent a diagnostic bilateral lumbar facet injection previously with 75% pain relief lasting up to 4 days. During the pain relief period the injured worker experienced a significant increase in function and activities of daily living and the injured worker took less pain medication during the pain relief period. The injured worker had diagnoses of bilateral lumbar facet syndrome, mechanical/axial low back pain. The provider requested a radiofrequency ablation bilateral lumbar facet (medial branch neurotomy) at L4-L5 and L5-S1 level under fluoroscopy (procedure be done twice, one side at a time, 2 weeks apart).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RADIOFREQUENCY ABLATION BILATERAL LUMBAR FACET (MEDIAL BRANCH NEUROTOMY) AT L4-L5 AND L5-S1 LEVEL UNDER FLUOROSCOPY (PROCEDURE TO BE DONE TWICE, ONE SIDE AT A TIME, 2 WEEKS APART):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic Chapter, Facet Joint radiofrequency neurotomy and Facet Joint diagnostic blocks.

**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 request for radiofrequency ablation bilateral lumbar facet (medial branch neurotomy) at L4-L5 and L5-S1 level under fluoroscopy (procedure to be done twice, one side at a time, 2 weeks apart) is non-certified. The injured worker complained of moderate to severe low back pain radiating to bilateral buttocks and bilateral groins. The injured worker also noted pain associated with muscle spasm and stiffness. The injured worker denied any pain into her lower extremities. ACOEM 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 note treatment requires a diagnosis of facet joint pain using a medial branch block. The guidelines note no more than two joint levels are to be performed at one time. The guidelines note one set of diagnostic medial branch blocks is required with a response of 70% and the pain response should last at least 2 hours for Lidocaine. The provider documented facet joint pain as a diagnosis; however, the request exceeds the guideline recommendations in regards to the length of time between each procedure as the provider is requesting both levels to be performed twice with each side to be performed 2 weeks apart. The provider noted the injured worker underwent a diagnostic bilateral lumbar facet injection previously with 75% pain relief lasting up to 4 days. During the pain relief period the injured worker experienced a significant increase in function and activities of daily living and the injured worker took less pain medication during the pain relief period. However, the level at which the injection was performed was unclear within the provided documentation. Therefore, the request for radiofrequency ablation bilateral lumbar facet (medial branch neurotomy) at L4-L5 and L5-S1 level under fluoroscopy (procedure to be done twice, one side at a time, 2 weeks apart) is not necessary and appropriate.