MAXIMUS Federal Services

| Case Number: | CM14-0116270 | | |
|---|---|---|---|
| Date Assigned: | 08/04/2014 | Date of Injury: | 06/07/2010 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

## 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 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 36-year-old male who reported an injury on 06/07/2010. The mechanism of injury was not provided for clinical review. The diagnoses included Bertolotti's syndrome with right-sided pseudo articulation, and right L5 radiculopathy secondary to Bertolotti's syndrome. Previous treatments included medication, x-rays, physical therapy and pseudo articulation injections. Within the clinical noted dated 01/06/2014, it was reported the injured worker complained of constant right-sided low back and right leg pain. Upon the physical examination the provider noted the injured worker had decreased sensation to light touch in the right L4 dermatome. The provider indicated the injured worker had good strength in the lower extremity. The injured worker had tenderness over the right lumbar paraspinal. The provider indicated the injured worker has had physical therapy, multiple injections without lasting improvement and symptoms. The request submitted is for right L5 pseudo articulation injection local anesthetic/steroid RFA, the rationale is not provided for clinical review. The Request for Authorization form is not provided for clinical review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L5 right pseudoarticulation injection local anesthetic/ steroid RFA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 398-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet diagnostic block.

**Decision rationale:** The request for L5 right pseudo articulation injection local anesthetic/steroid RFA is non-certified. The California MTUS/ACOEM Guidelines state 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 neurotomy reportedly produce mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition the official disability guidelines further state face joint radiofrequency neurotomy is recommend as treatment that requires a diagnosis of facet joint pain using a medical branch. A neurotomy should be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50 % relief that is sustained for at least 6 months. Approval of repeat neurotomy depends on variables such as evidence of adequate diagnostic blocks. Documented improvement in VAS score, decreased medication, and documented improvement in function. No more than two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of no sooner than one week. And preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The requesting physician did not include an adequate documentation of significant physical exam findings congruent with facetogenic pain. There is lack of documentation indicating the injured worker had significant functional deficits. Therefore, the request is non-certified