

<b>Case Number:</b>	CM14-0128657		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 10/01/2013 due to being crushed by a semi- truck. Diagnoses were L3-S1 facet arthropathy, cervical strain, L5-S1 disc degeneration/facet arthropathy, left leg radiculopathy, left knee internal derangement, and abdominal pain, rule out abdominal hernia. Past treatment consisted of medial branch block on 06/16/2014. Physical examination on 06/23/2014 revealed temporary relief in his symptoms, the injured worker reported approximately 50% pain relief following the diagnostic block. The injured worker had complaints of ongoing low back pain with some pain that extended into the groin and left anterior and posterior thigh. The injured worker had complaints of chronic abdominal pain. Examination of the lumbar spine revealed palpable tenderness at the paravertebral muscles bilaterally. Light touch in the bilateral lower extremities was intact. Range of motion for flexion was to 48 degrees, extension was to 20 degrees, left lateral bend was to 22 degrees, and right lateral bend was to 25 degrees. The injured worker experienced pain in positive facet loading. Motor strength for the lower extremities was intact, reflexes were intact. Straight leg raise was negative bilaterally at 90 degrees. The treatment plan was for radiofrequency ablation at the L4-S1 levels and for a gastroenterology consultation. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation to Lumbar Spine at L4-S1 levels: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Low Back Guidelines: Criteria for use of therapeutic intra-articular and medial branch blocks

**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 Radiofrequency Neurotomy

**Decision rationale:** The decision for Radiofrequency Ablation to Lumbar Spine at L4-S1 levels is not medically necessary. The Official Disability Guidelines state for facet joint radiofrequency neurotomy is under study. Conflicting evidence is available to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Criteria for the use of facet joint radiofrequency neurotomy is: treatment requires a diagnosis of facet joint pain using a medial branch block. 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). No more than 3 procedures should be performed in a year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, they should be performed at intervals of no sooner than 1 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. There was no evidence of an adequate diagnostic block documented, the VAS score was not reported, and functional improvement was not reported. It was not reported that the medial branch block was positive. The clinical information submitted for review does not provide evidence to justify radiofrequency ablation. Therefore, this request is not medically necessary.