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| <b>Case Number:</b>   | CM14-0152611 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 08/05/1974 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 08/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2014 |

### 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 61-year-old male who reported an injury on 08/05/1974, the mechanism of injury was not provided. On 06/11/2014, the injured worker presented with pain in the left flank. Upon examination of the lumbar spine, there was moderate limitation in lumbar flexion and severe limitation in lumbar extension due to pain. There was minimal lumbar rotation because the pain and tenderness to palpation bilateral in the sacroiliac spine at approximately L3 down to S1. The diagnosis was lumbago. Prior therapies included medications, previous thoracic ESI and a prior radiofrequency ablation. The provider recommended 1 lumbar radiofrequency ablation with conscious sedation, due to recurrences of facet mediated pain. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbar Radiofrequency Ablation with Conscious Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

**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 request for 1 lumbar radiofrequency ablation with conscious sedation is not medically necessary. The Official Disability Guidelines state the lumbar radiofrequency ablation is understudy. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. Criteria for use of a facet joint radiofrequency ablation include diagnosis of facet joint pain using a medial branch block, repeat neurotomies may be required but there should be documentation of at least 12 weeks of pain relief of equal to or greater than 50%, no more than 3 procedures performed in a year's period, and no more than 2 joint levels performed at one time. There is lack of documentation of the injured worker's failure to respond to conservative treatment, and documentation that a prior ablation provided positive results of at least 12 weeks of pain relief of greater than or equal to 50%. The provider's request does not indicate the level or levels being requested are being recommended in the request as submitted. The use of conscious sedation would negate the results and should only be reserved for individuals with extreme anxiety. As such, medical necessity has not been established; therefore, the request is not medically necessary.