

<b>Case Number:</b>	CM14-0160847		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 10/10/2011. He slipped and fell out of a work truck. On 07/30/2014 the injured worker presented with low back pain, neck pain and head pain. The injured worker had a prior C3-4 fusion in 2012. Previous treatments included medications, physical therapy, exercise, and nerve blocks. Diagnoses were lumbar facet arthropathy without myelopathy, lumbosacral neuritis/radiculitis and myofascial pain syndrome. Upon examination there was reduced lumbar range of motion of the lumbar spine. There was 5/5 strength in the bilateral lower extremities intact sensation to light touch in the bilateral lower extremity. There is positive lumbar facetogenic pain and positive trigger points in the cervical, thoracic and lumbar spine. The provider recommended a radiofrequency ablation to the right L3, L4 and L5, the provider's rationale was not provided. The request for authorization form was not included in medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radio frequency ablation right L3, L4, L5 medial branch block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition, 2012, Thoracic and Lumbar Spine

**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 Neurotomy

**Decision rationale:** The request for radio frequency ablation right L3, L4, L5 medial branch block is not medically necessary. The California MTUS Guidelines/AECOM Guidelines state invasive techniques are of questionable merit. The Official Disability Guidelines state that a radiofrequency ablation or facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure yet approval of treatment should be made on a case by case basis. Criteria for use of a radiofrequency ablation include the diagnosis of facet joint pain using a medial branch block, repeat neurotomies may be required however they should not occur at an interval of less than 6 months from the first procedure, no more than 2 joint levels are to be performed at one time and there should be evidence of a formal plan and additional evidence based conservative care in addition to facet joint therapy. There is lack of documentation of prior medial branch block performed. There is lack of documentation of a normal straight leg raise upon examination or tenderness to palpation over the specific paravertebral areas that the radiofrequency ablation is recommended for. More information is needed on if the injured worker had failed the initially recommended conservative treatments to include physical therapy and medications. As such, medical necessity has not been established.