

<b>Case Number:</b>	CM14-0170511		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 patient is a 65 year old female with an injury date of 10/20/10. Based on the 09/10/14 progress reports provided by [REDACTED], the patient complains of increased low back pain rated 4/10 with and 10/10 without medications that radiates to left hip and left lower extremity. Physical examination revealed tenderness to palpation at sciatic notch, L5-S1, low back paraspinals, left buttocks, inside groin, anterior lateral side of knees bilaterally, and the top and pad of left foot with numbness and tingling pain. Range of motion was limited, especially on extension 0 degrees. Deep tendon reflexes in the lower extremities were decreased but equal. Straight leg raise test was positive bilaterally. Patient reports recent incontinence and bladder control issues. The provider states that patient had about a year of significant sustained relief from previous RFA. He further states "given patient's favorable functional response with the Diagnostic Facet Medial Branch Blocks greater than 60 to 70 percent to proceed with a Facet Neurotomy. This will be scheduled once authorized." The provider is requesting for repeat RFA MB left L3-4 and Dorsal Ramus left L5 and is awaiting MRI results. Diagnosis 09/10/14- lumbar radiculopathy- degenerative thoracic/thoracolumbar intervertebral disc- lumbosacral spondylosis without myelopathy [REDACTED] is requesting Left L3-4 and Dorsal ramus Left L5 RFA MB. The utilization review determination being challenged is dated 09/16/14. The rationale is: "patient's prior response to RFA procedure and medial branch blocks is unclear..." [REDACTED] is the requesting provider and he provided treatment reports from 02/19/14 - 09/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-4 and Dorsal Ramus Left L5 RFA MB: 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet Joint Radiofrequency Neurotomy, and Radiofrequency Ablation

**Decision rationale:** Patient presents with increased low back pain rated 4/10 with and 10/10 without medications that radiates to left hip and left lower extremity. The request is for Left L3-4 and Dorsal ramus Left L5 RFA MB. Her diagnosis dated 09/10/14 includes lumbar radiculopathy, degenerative thoracic/thoracolumbar intervertebral disc and lumbosacral spondylosis without myelopathy. Patient reports recent incontinence and bladder control issues. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, pages 300-301: 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. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint radiofrequency neurotomy ODG guidelines on RF ablation, lumbar spine: ODG suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):(1) Tenderness to palpation in the paravertebral areas (over the facet region);(2) A normal sensory examination;(3) Absence of radicular findings, although pain may radiate below the knee;(4) Normal straight leg raising exam. Indicators 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen. ODG recommends on a case-by-case basis as studies have not demonstrated improved function. The provider states in progress report dated 09/10/14, that patient had about a year of significant sustained relief from previous RFA. He further states "given patient's favorable functional response with the Diagnostic Facet Medial Branch Blocks greater than 60 to 70 percent to proceed with a Facet Neurotomy. However, there is no documentation of functional improvement including ADL changes, pain reduction, and medication reduction or return to work. For radio frequency neurotomy of L-spine, ACOEM gives mixed results, and ODG recommends "on a case-by-case basis as studies have not demonstrated improved function." Physical examination and diagnosis dated 09/10/14 document that patient has radicular symptoms and positive straight leg raise test; and documentation does not state the level of pain relief resulting from prior neurotomy. Repeat neurotomy is not indicated for patient's condition at this time. Therefore, this request is not medically necessary.