

<b>Case Number:</b>	CM14-0182029		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Texas & Oklahoma. 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 40-year-old female who reported an injury on 04/23/2013. The injury reported occurred while the injured worker was riding a bike and fell off the bike on the right side twice. Her diagnoses included lumbar strain, lumbosacral disc degeneration and lumbosacral spondylosis. Her previous treatments have included medications, exercise, physical therapy, acupuncture, and chiropractic care. Her diagnostic studies included an x-ray of the lumbar spine dated 01/21/2014, which documented a negative result; and magnetic resonance imaging of the lumbar spine dated 06/06/2013, which documented a partial disc desiccation at L5-S1 without disc displacement or significant stenosis, otherwise, normal magnetic resonance imaging of the lumbar spine. Her surgical history included a bilateral L3-4, L4-5 facet block on 09/23/2014. On a postoperative visit on 10/08/2014, the injured worker indicated 50% pain relief from the diagnostic lumbar medial branch blocks on 09/23/2014. She further noted it was difficult to tell the total amount of relief because of soreness at the procedure site. Additionally, she stated that since the procedure, her pain is not flaring up with certain activities like wearing a heeled shoe and with walking or sitting. Her current medication regimen was not provided. The treatment plan included the injured worker monitoring her condition over the next couple of weeks to see if her pain returns so she would be able to tell more clearly exactly how much pain relief she had, and proceeding with the lumbar facet radiofrequency ablation. The injured worker was to follow-up in 4 weeks. The rationale for the request was that the physician believed the injured worker was a candidate for radiofrequency ablation. The Request for Authorization form was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral permanent lumbar facet injection at L3-4 and L4-5, aka radiofrequency ablation, each additional level under fluoroscopic guidance with IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint injections

**Decision rationale:** The request for bilateral permanent lumbar facet injection at L3-4 and L4-5, aka radiofrequency ablation, each additional level under fluoroscopic guidance with IV sedation is not medically necessary. The injured worker has low back pain which improved some after a lumbar facet block. The California 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 neurotomies reportedly produce mixed results. The Official Disability Guidelines state that 1 set of diagnostic medial branch blocks is required with a response of greater than 70% relief for at least 2 hours. Additionally, the guidelines state that there should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. At the injured worker's post bilateral medial branch block exam, she indicated 50% pain relief. Additionally, she could not definitely indicate how much total relief she had received due to soreness in her back. As the injured worker did not indicate the minimum required pain relief of 70% or greater, and documentation provided of a formal plan of additional evidence based conservative care in addition to facet joint therapy was not provided, the request for bilateral permanent lumbar facet injection at L3-4 and L4-5, aka radiofrequency ablation, each additional level under fluoroscopic guidance with IV sedation is not medically necessary.