

<b>Case Number:</b>	CM14-0027636		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/21/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Interventional Spine 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:

This patient is a 61-year-old male with a date of injury of 05/21/2009. The listed diagnoses per [REDACTED] are: 1. Facet syndrome. 2. Status post positive diagnostic L3-L4 medial branch nerve. According to progress report 02/14/2014 by [REDACTED], the patient continues with lower back pain especially with sitting. The patient is status post L3-L4 medial block on 10/14/2013 with 80% relief. Operative report was not provided in the medical file. Examination finding reports flexion 60 degrees, extension 10 degrees with positive Kemp's test. MRI of the lumbar spine from 09/23/2013 revealed L4-L5 and L5-S1, 4 mm to 5 mm broad-based disk protrusions. Treatment plan includes bilateral L3-L4 radiofrequency ablation and continuation of home exercise program. Utilization review denied the request on 02/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3-L4 MEDIAL BRANCH RADIO FREQUENCY ABLATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) ODG guidelines on RF ablation, lumbar spine: Under study. Conflicting evidence is available.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting a bilateral L3-L4 medial branch radiofrequency ablation. Utilization review denied the request stating prior procedure notes from the medial branch block was not included. Medical records document the patient underwent a medial branch block on 10/14/13. Subsequent progress report from 11/14/2013 notes injection "is helping his regular complaints" and the pain is "slightly better." by 01/17/2014, [REDACTED] noted pain relief of more than 80% with increase in range of motion with medial branch block and recommended progressing to a bilateral Radiofrequency ablation. American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines (ODG) Guidelines are referenced. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. In this case, the treating physician only reports "slightly better" pain following medial branch blocks from 10/14/13 although later recollection is reported at 80%. It does not appear that the treating physician has reviewed his notes regarding the patient's response. The requested treatment is not medically necessary and appropriate.