

<b>Case Number:</b>	CM14-0032671		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Minnesota. 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 30 year old female who reported an injury on 03 /12 / 2012 after an assault from an inmate. The injured worker had a history of lower back and thigh pain with a diagnosis of degenerative disc disease at the L5-S1 and lumbar facet arthropathy, bulging disc at the left L5-S1 region. The medications include Effexor extended release 75mg daily, Xanax 2mg as needed, Norco 10/325mg 2-3 daily, Voltaren 75 mg two times a day, Dilaudid 4mg three times a day. The physical exam revealed lumbar range of motion flexion 20 degrees and extension 5 degrees, positive for palpation at the lumbar/ sacral region. The injured worker's pain is 7/10 using the VAS pain scale to the lumbar region. The MRI dated 06/19/2012 of the lumbar showed a moderate disc space narrowing with desiccation, left bulging annulus with apparent superimposed mild broad based protrusion into the left forearm with mild osteophyte formation. This contacts the exiting left L5 nerve root and contact with the thecal sac and proximal S1 nerve root without mass. The electrodiagnostic report reveals no neurodiagnostic abnormalities are seen in this examination. The treatment plan includes continuing exercise and walking also continue medication regimen. The authorization form dated 05/08 /2014 was submitted on 06/20/2014 with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency bilateral lumbar Medial Branch Neurotomy L4 QTY: 2.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back- lumbar and thoracic, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for Radiofrequency bilateral lumbar medical branch neurotomy L4 QTY: 2 are not medically necessary. The California Guidelines MTUS/ACOEM indicates that Invasive techniques are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute pain and chronic pain. The Official Disability Guidelines indicate the treatment requires a diagnosis of facet joint pain using a medial branch block. While repeated neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration from the first procedure is documented for at least 12 weeks at greater than 5 percent relief. The current literature does not support that the procedure is successful without sustained pain relief and no more than 3 procedures should be performed in a year's period. The approval of repeat neurotomies depends on the variables such as evidence of adequate diagnostic blocks documented improvement in VAS score, and documented improvement in function. No more than two joint levels are to be performed at one time. If different regions require neural blockage, these should be performed at intervals of no sooner than one week and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The California MTUS/ACOEM Guidelines indicate a medial branch block prior to a radiofrequency ablation to be performed, the documentation provided was not evident of a medial branch block. The documentation dated 12/09/2013 indicated that the Dilaudid and Robaxin improved the lower back pain. The injured worker is able to walk and exercise daily. The chart note from 11/07/2013 indicate that the injured worker received radiofrequency neurotomy for lumbar facet joints per the injured worker, also noted that the injured worker was noncompliant with medications, refusing gabapentin of unknown dosage. As such the request for radiofrequency bilateral lumbar medial branch neurotomy L4 QTY: 2 are not medically necessary.

**Radiofrequency bilateral lumbar Medial Branch Neurotomy L5 QTY: 2.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back- lumbar and thoracic, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for Radiofrequency bilateral lumbar medial branch neurotomy L5 QTY 2 is not medically necessary. The California MTUS/ACOEM Guidelines indicate that Invasive techniques are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines indicate the treatment requires a diagnosis of facet joint pain using a medial branch block. While repeated neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration from the first procedure is documented for at least 12 weeks at greater than 5 percent relief. The current literature does not support that the procedure is successful without sustained pain relief and no more than 3 procedures should be performed in a year's period. The approval of repeat neurotomies depends on the variables such as evidence of adequate diagnostic blocks documented improvement in VAS score, and documented improvement in function. No more than two joint levels are to be performed at one time. If different regions require neural blockage, these should be performed at intervals of no sooner than one week and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The Official Disability Guidelines indicate a medial branch block prior to a radiofrequency ablation to be performed, the documentation provided was not evident of a medial branch block. The documentation dated 12/09/2013 indicated that the Dilaudid and Robaxin improved the lower back pain. The injured worker is able to walk and exercise daily. The chart note from 11/07/2013 indicate that the injured worker received radiofrequency neurotomy for lumbar facet joints per the injured worker, also noted that the injured worker was noncompliant with medications, refusing gabapentin of unknown dosage. As such the request for radiofrequency bilateral lumbar medial branch neurotomy L5 QTY: 2 are not medically necessary.

**Radiofrequency bilateral lumbar Medial Branch Neurotomy S1 QTY: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back- lumbar and thoracic, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for Radiofrequency bilateral lumbar medial branch neurotomy S1 QTY 2 is not medically necessary. The California MTUS/ACOEM Guidelines indicate that Invasive techniques are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many

pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines indicate the treatment requires a diagnosis of facet joint pain using a medial branch block. While repeated neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration from the first procedure is documented for at least 12 weeks at greater than 5 percent relief. The current literature does not support that the procedure is successful without sustained pain relief and no more than 3 procedures should be performed in a year's period. The approval of repeat neurotomies depends on the variables such as evidence of adequate diagnostic blocks documented improvement in VAS score, and documented improvement in function. No more than two joint levels are to be performed at one time. If different regions require neural blockage, these should be performed at intervals of no sooner than one week and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The Official Disability Guidelines indicate a medial branch block prior to a radiofrequency ablation to be performed, the documentation provided was not evident of a medial branch block. The documentation dated 12/09/2013 indicated that the Dilaudid and Robaxin improved the lower back pain. The injured worker is able to walk and exercise daily. The chart note from 11/07/2013 indicate that the injured worker received radiofrequency neurotomy for lumbar facet joints per the injured worker, also noted that the injured worker was noncompliant with medications, refusing gabapentin of unknown dosage. As such the request for radiofrequency bilateral lumbar medial branch neurotomy S1 QTY: 2 are not medically necessary.