

<b>Case Number:</b>	CM14-0042761		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/23/2003
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 62-year-old female who has submitted a claim for Degenerative Disc Disease, Myofascial Pain, Lumbar Degenerative Disc Disease, Sciatica, Low Back Pain, Arthritis of the Back, and Knee Pain associated with an industrial injury date of May 23, 2003. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of fluctuating and worsening low back pain. Exacerbating factors included squatting, standing, and walking while relieving factors were analgesics, medications, and rest. The patient denied bladder or bowel dysfunction, decreased sensation, weakness, and saddle numbness. On physical examination of the lumbar spine, tenderness and limited range of motion were noted. Straight leg raise test was negative. The patient had facetogenic pain with extension of the lumbar spine and palpation of the facet joints. Lower extremity exam was within normal limits. No sensorimotor deficits were reported. Treatment to date has included medications, home exercise program, TENS (Transcutaneous Electric Nerve Stimulation) unit, sacroiliac joint injection, and lumbar medial branch diagnostic block. Utilization review from March 27, 2014 denied the request for right lumbar radiofrequency ablations with moderate sedation because there was no documentation of previous dorsal ramus medial branch diagnostic blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar radiofrequency ablations with moderate sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck, facet joint radiofrequency neurotomy.

**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) Neck & Upper Back, Washington State Department of Labor and Industries Guideline on Diagnostic Facet Medial Nerve Branch Blocks and Facet Neurotomy. Provider Bull 2005 Aug; (PB 05-11):1-6.

**Decision rationale:** According to pages 300-301 of the ACOEM Practice Guidelines, good quality medical literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar spine and that lumbar facet neurotomies reportedly produce mixed results. In addition, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Regarding moderate sedation, CA MTUS does not specifically address sedation for radiofrequency neurotomy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG cited the Washington State Department of Labor and Industries Guideline on Diagnostic Facet Medial Nerve Branch Blocks and Facet Neurotomy, which states that no IV (Intravenous) sedation should be performed with facet neurotomy except for cases of extreme anxiety. In this case, the records showed that the patient previously underwent a lumbar medial branch diagnostic block, which provided greater than 80% improvement in pain and function. Hence, lumbar radiofrequency ablation may be warranted. However, guidelines do not support the use of sedation for facet neurotomy except for patients with extreme anxiety. The records failed to provide evidence of extreme anxiety in this patient. Although radiofrequency ablation may be appropriate, there is no clear indication for moderate sedation. Therefore, the request for right lumbar radiofrequency ablations with moderate sedation is not medically necessary.