

<b>Case Number:</b>	CM14-0047397		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 29-year-old male who reported injury on 09/10/2013. The diagnosis was sprain/strain lumbar region. The documentation indicated the injured worker underwent an MRI of the lumbar spine. The prior treatments included physical therapy and an epidural steroid injection. Medications included Lodine 300 mg, Neurontin 300 mg, Robaxin 750 mg and Tramadol 50 mg. The documentation of 03/25/2014 revealed the injured worker had low back discomfort and leg discomfort at times. The injured worker additionally complained that prolonged sitting would cause recurrent numbness in the right posterior lateral distal foreleg. The physical examination revealed a minimal decreased flexion and slight/moderate decreased sensation of the lumbar spine. The range of motion at the level of S1 produced right lower extremity pain running down the posterior aspect of the right leg to the calf at the end range of flexion. The treatment plan included a pain consultation for consideration of an RFA for facet mediated component and an epidural steroid injection for the right lower extremity sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines subsection under radio-frequency.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was no documentation regarding a normal sensory examination in the bilateral lower extremities. There was documentation the injured worker had radicular findings, which would not support the request. There was a lack of documentation of pain to palpation in the paravertebral area over the facet region and a normal straight leg raise examination. The request as submitted failed to indicate the level and laterality for the requested radiofrequency ablation. Given the above, the request for radiofrequency ablation lumbar is not medically necessary.