

<b>Case Number:</b>	CM14-0048020		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 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:

According to the records made available for review, this is a 58-year-old male with a December 2, 2010 date of injury. At the time of request for authorization for Destroy Lumb/Sac Facet Joint (on April 3m 2914), there is documentation of subjective (8/10 left low back pain radiating to left buttock) and objective (tender upon palpation of left lumbar paraspinal muscles overlying the left L3-S1 facet joints, lumbar range of motion restricted by pain in all directions, lumbar discogenic and facet joint provocative maneuvers positive, Gaenslen's, Patrick's maneuver, and pressure at the sacral sulcus positive on left, 5/5 muscle strength, except 4+/5 in left quadriceps, anterior tibialis, and extensor hallucis longus, and decreased sensation to touch in left L5 dermatome) findings, current diagnoses (left lumbar facet joint pain at L4-5 and L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopically-guided left L4-5 and left L5-S1 facet joint medial branch block, lumbar facet joint arthropathy, lumbar degenerative disc disease, and lumbar sprain/strain), and treatment to date (previous L3, L4, L5, S1 radiofrequency nerve ablation on December 6, 2012 with 50% improvement in pain, reduced pain from 8/10 to 4/10 with maintenance of activities of daily living such as self-care, walking, driving and dressing for one year, left L4-L5 and left L5-S1 facet joint medial branch block on 6/28/12 with 80% improvement, and medications (including OxyContin)). A March 13, 2014 medical report identifies a plan for Left L4-5 and L5-S1 facet joint radiofrequency nerve ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Destroy lumbar/sacral facet joint:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (web), 2014 Low Back, Facet Joint Diagnostic Blocks, 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) Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of left lumbar facet joint pain at L4-5 and L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopically-guided left L4-5 and left L5-S1 facet joint medial branch block, lumbar facet joint arthropathy, lumbar degenerative disc disease, and lumbar sprain/strain. In addition, there is documentation of a plan for Left L4-5 and L5-S1 facet joint radiofrequency nerve ablation. Furthermore, given documentation of left L4-L5 and left L5-S1 facet joint medial branch block on June 28, 2012 with 80% improvement, previous L3, L4, L5, S1 radiofrequency nerve ablation on December 6, 2012 with 50% improvement in pain, reduced pain from 8/10 to 4/10, with maintenance of activities of daily living such as self-care, walking, driving and dressing for one year, and ongoing conservative care (medications), there is documentation of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least twelve weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. Therefore, based on guidelines and a review of the evidence, the request for Left L4-5 and L5-S1 facet joint radiofrequent nerve ablation is medically necessary and appropriate.