

<b>Case Number:</b>	CM14-0048695		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Orthopaedic Surgery 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 67-year-old male assembler sustained an industrial injury on 9/17/07. The mechanism of injury was not documented. The 5/15/08 bilateral Electromyography (EMG) and Nerve conduction velocity (NCV) studies showed no evidence of neurologic impairment. The 3/1/09 lumbar MRI impression documented severe L4/L5 bilateral neuroforaminal narrowing and moderate canal stenosis due to a grade 1 anterolisthesis and facet joint hypertrophy. Flexion/extension imaging documented stable pathology. He underwent bilateral L4-L5 and L5-S1 radiofrequency neurotomy on 2/5/13, and underwent a repeat radiofrequency neurolysis bilaterally at L4-L5 and L5-S1 on 9/11/13. The 2/25/14 treating physician report cited moderate to severe (grade 7) lumbosacral pain with intermittent radiation into the lower extremities. Physical exam documented bilateral L4-L5 and L5-S1 facet joint and bilateral sacroiliac joint tenderness. There was mild to moderate loss of all lumbar motions with pain and positive nerve tension signs. There was normal lower extremity strength, sensation and deep tendon reflexes. The treating physician stated that the patient had achieved 100% pain relief for 10 weeks with the last radiofrequency neurotomy on 2/5/13 and then the pain slowly returned. The treatment plan recommended lumbar facet medial branch radiofrequency neuroablation, bilateral L4-L5 and L5-S1, and 6 sessions of physical therapy. The 3/14/14 utilization review denied the request for bilateral lumbar facet medial branch radiofrequency neurotomy at L4-L5 and L5-S1 based on failure to meet guideline criteria for repeat neurotomies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet medical branch radiofrequency neurotomy bilateral L4-L5, L5-S1.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

**Decision rationale:** The California ACOEM Revised Low Back guidelines state that radiofrequency neurotomy, neurotomy, and facet rhizotomy are not recommended for the treatment of any spinal condition. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. Guideline criteria have not been met. This patient underwent bilateral L4-5 and L5-S1 radiofrequency neurotomy on 2/5/13 with 100% relief for approximately 10 weeks. Records indicate the patient underwent a repeat procedure on 9/11/13 with no documentation of benefit. There is limited guideline support for this procedure in the lumbar spine and approval of repeat procedures requires documented improvement for at least 12 weeks, decreased medications, and improvement in function. There is no evidence that this patient achieved the duration of benefit required by guideline for repeat procedures. There is no detailed documentation relative to reduction in medication or improvement in function. Therefore, this request for lumbar facet medical branch radiofrequency neurotomy bilateral at L4-L5 and L5-S1 is not medically necessary.