

<b>Case Number:</b>	CM14-0053084		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 43 year old male who sustained an injury to his low back on 02/21/13 when he stopped suddenly and went over the handle bars of his motorcycle. An operative report dated 03/24/14 reported that the injured worker underwent bilateral L3-4 and L4-5 medial branch blocks. A clinical note dated 04/02/14 reported that the injured worker stated that he experienced 80% relief following the previous medial branch blocks lasting for about 4 hours. He stated that he did not lie down after the injection, but was walking, standing, and twisting. He stated that he was quite happy with that, since then, the pain has largely come back. He stated that when he twists his back, he has a popping sound and wonders if his spine is unstable. This is extremely concerning for him. He denied any weakness. He rated his low back pain at 6-7/10 VAS. Physical examination of the lumbar spine noted non-antalgic gait; shoulders level, iliac crest level, normal thoracic kyphosis, normal lumbar lordosis, no lateral curvature; paraspinous tenderness; SI joint tenderness; muscle spasm absent; range of motion restricted due to pain; Achilles reflexes 1/4 bilaterally; and sensation of the lower leg normal to light touch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L5 medial branch radiofrequency ablation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187, 211, 300-301, 309, table 12-8, Chronic Pain Treatment Guidelines Radiofrequency Ablation Page(s): 102. Decision based on Non-MTUS Citation Official

Disability Guidelines, Low Back Chapter; Efficacy and validity of radiofrequency neurotomy for chronic lumbar zygapophysial joint pain, 2000 May 15;25(10):1270-7; Washington State Department of Labor and Industries: Guideline on diagnostic facet medial nerve branch blocks and medial facet neurotomy, provider Bull 2005, Aug (PB05-11):1-6 Guideline on facet neurotomy; Spine, 1988 Jun 13(1):61-4 the lumbar facet syndrome, Heilbig, T., Lee, CK; Clin Orthop Relate Res 1986 Dec(213):216-22 Facet joint degeneration as a cause for low back pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The previous request was denied on the basis that there was no objective evidence provided by the requesting physician to support medical necessity of the requested radiofrequency ablation procedure for this injured worker directed to the bilateral lumbar spine. It was reported that the injured worker demonstrated ongoing rehabilitation program for conditioning and strengthening and the requesting physician has not documented that the injured worker had failed a home exercise program. Current evidence based studies reported that treatment with percutaneous radiofrequency neurotomy showed statistically significant improvement not only in back and leg pain, but also back and hip movement as well as the sacroiliac joint. There was significant improvement in quality of life variables, global perception of improvement, and generalized pain. Treatment with radiofrequency ablation requires a diagnosis of facet joint pain using a medial branch block. The records indicate that the injured worker has successfully undergone diagnostic medial branch blocks at the requested levels, providing 80% relief for 4 hours using localized anesthetic. Given this, the request for bilateral L3-4 and L4-5 medial branch radiofrequency ablation is indicated as medically necessary.