

<b>Case Number:</b>	CM14-0054108		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Family Medicine 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 is a male patient who reported an industrial injury to the back on 11/18/2012, almost two (2) years ago, attributed to the performance of his usual and customary job duties. The patient reported continued lower back pain with radiation of the pain to the left toes with paresthasias. The patient reports he is barely able to tolerate the modified work made available by the employer. Patient is taking Zanaflex and gabapentin. The objective findings on examination included gait pattern normal; unable to toe walk or heel walk; range of motion of the lumbar spine is diminished; tenderness to palpation to the lumbar paraspinals; SLR (straight leg raise) positive on the left; facet loading test is equivocal; motor strength test was 5/5; sensation was documented as decreased to the left L5 and S1. X-rays of the lumbar spine demonstrated minimal degenerative spurring of the vertebral bodies, minimal degenerative changes at the SI joints. The MRI lumbar spine documented evidence of broad-based 3 mm posterior disc protrusion at L4-L5 causing mild central canal stenosis; Motley contacts both traversing L5 nerve roots. The treating diagnoses included lumbar radiculopathy; lumbar degenerative disc disease; lumbar spondylosis; lumbar sprain/strain; and muscle spasms. The treatment plan included bilateral lumbar medial branch blocks at L3, L4, and L5 along with authorization for radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection-Steroid Radiofrequency Ablation for the Lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301; 309. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (revised 4/07/2008), Chapter 12 Low Back Complaints, page 187, 190, 211 Official Disability Guidelines (ODG) low back chapter-facet joint diagnostic blocks; facet joint radiofrequency neurotomy

**Decision rationale:** The patient was authorized a medial branch block/facet block at L3, L4, and L5 bilaterally; however, there was no authorization for a RFA due to the fact there was no documentation of the results of the just authorized medial branch block. The request for an RFA is not medically necessary until the criteria recommended by evidence-based guidelines is demonstrated with a diagnostic facet block. The request for a lumbar spine RFA is not consistent with the recommendations of evidence-based guidelines and represents maintenance treatment. The use of RFA for the lumbar spine is not recommended. The patient is diagnosed with lumbar tenderness with noted pain on extension; however, there is no nexus for the reported facet arthropathy to the cited mechanism of injury. There is no documentation of pain on rotation with citation of the associated pain or facet level. There is no provided MRI objective evidence of facet arthropathy documented on the imaging study. There is no demonstrated ongoing rehabilitation program for conditioning and strengthening and the treating physician has not documented that the patient has failed a home exercise program. The current evidence based guidelines suggest that median branch blocks and the subsequent RFA treatment has provided temporary pain relief to the cervical spine but has not been demonstrated to be effective for the lumbar spine. The CA MTUS and the ACOEM Guidelines clearly do not recommend the use of facet blocks for subacute or chronic lower back pain as there is "insufficient evidence" to support their use. The treatment request is based on palpable tenderness over the L4-S1 facets without documentation of pain with extension and rotation with extension to demonstrate facet pain. There was no provided MRI evidence of facet arthropathy or a nexus of causation of possible facet arthropathy to the cited mechanism of injury. The treating physician did not provide objective evidence to support the use of facet blocks to treat facet arthropathy if the pain issues were directly or temporally related to the mechanism of injury cited; however, it appears that the treatment is directed to the pre-existing and incidental findings and not to the effects of the industrial injury. There is no x-ray or MRI evidence to support the diagnosis of facet arthropathy. The treating physician has not documented the necessary criteria to support the medical necessity of the requested repeated RFA to the lumbar spine. The examination is not clearly consistent with facet-mediated pain; however, the pain issues demonstrated with flexion, rotation, extension, and tenderness upon palpation could easily be musculoskeletal and not generated from the lumbar spine. The patient has documented multiple areas of pain generators. The patient has not been assessed to have received relief with the prior facet blocks and the current RFA request is not demonstrated to be part of an ongoing rehabilitation program with a self-directed exercise program. There is no demonstrated medical necessity for the requested RFA to the lumbar spine.