

<b>Case Number:</b>	CM14-0060567		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Management and is licensed to practice in Tennessee. 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 patient is a 47-year-old female who has submitted a claim for knee/lower leg pain, lumbar disc disorder, lumbar radiculopathy, and shoulder joint pain associated with an industrial injury date of June 28, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, rated 8/10 in severity. The pain was described as sharp, aching, dull, burning, throbbing, and shooting. There was difficulty falling asleep and difficulty staying asleep due to pain. Physical examination showed tenderness on the right and left lumbar paravertebral regions at L4-L5 and L5-S1. There was pain on extension, right lateral rotation, and left lateral rotation of the lumbar spine. Motor strength and sensation was intact. Straight leg raise test was negative bilaterally. MRI of the lumbar spine, dated October 29, 2013, revealed patent neural foramina and central canal, no disc bulge or herniation, and mild facet hypertrophy at L4-L5 and L5-S1. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, knee surgery, shoulder surgery, carpal tunnel surgery, and lumbar medial branch block. Utilization review, dated March 31, 2014, modified the request for pain management radiofrequency lesioning at L4-L5 and L5-S1, right side first followed by left side one week later quantity: 2 to pain management modified certification for right L4-L5 and L5-S1 radiofrequency lesioning quantity: 1 because the medical necessity on the left side cannot be determined until the patient's response to radiofrequency ablation (RFA) on the right side has been completed and residual symptoms and deficits were assessed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Radiofrequency Lesioning at L4-L5 and L5-S1, right side first followed by left side one week later qty 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (web: updated 12/27/13), Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** According to CA MTUS ACOEM Guidelines, "There is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. "In addition, "facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Criteria for radiofrequency ablation (RFA) include at least one set of diagnostic medial branch blocks with a response of greater or equal to 70%; no more than two joint levels will be performed at one time; there is documentation of failure of conservative treatment; and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case, a lumbar medial branch block was done on February 11, 2014 reporting more than 70% pain relief. However, there was no documentation of failed conservative treatment such as home exercise, physical therapy, and medications. Moreover, there was no discussion regarding plans of additional evidence-based conservative therapies. The guideline criteria were not met. Therefore, the request for Pain Management Radiofrequency Lesioning at L4-L5 and L5-S1, right side first followed by left side one week later QTY #2 is not medically necessary.