

<b>Case Number:</b>	CM14-0063621		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Florida. 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 45-year-old male who reported an injury on 08/20/2008. The mechanism of injury was noted to be cumulative trauma and repetitive stress. The diagnoses included chronic low back pain, lumbar facet pain, and failed back syndrome L5-S1. The injured worker's medications included Amrix, Lunesta, OxyContin, and Senokot, as well as Flexeril. The documentation of 04/07/2014 revealed the injured worker had pain radiating into the legs to the left knee that had returned. The injured worker had a radiofrequency ablation in 03/2013 and this procedure was noted to have decreased his back pain and groin pain by more than 70%. The medications were tolerated. The injured worker trialed hydrocodone and it did not seem to help. The physical examination revealed the injured worker had tenderness over the lumbar facets. The sensory, motor, and reflex examination were within normal limits. The treatment plan included a repeat of the lumbar radiofrequency at L3-4 and L4-5 above his fusion level of L5-S1. The subsequent documentation of 05/07/2014 was a request for medial branch blocks to test right L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Side Lumbar Radiofrequency Ablation at L3-4 & L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309, Chronic Pain Treatment Guidelines Radiofrequency Ablation - Pulsed radiofrequency treatment (PRF) Page(s): 102. Decision based on Non-MTUS Citation

ACOEM guidelines, chapter 12, revised 4/07/08 page 187. Official Disability Guidelines (ODG) > Low back chapter. ACOEM guidelines Back chapter page 190 revised 4/7/07. ACOEM guidelines Chronic Pain chapter page 211 revised 8/08/08.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The ACOEM Guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address repeat neurotomies, secondary guidelines were sought. The Official Disability Guidelines recommend for repeat neurotomies that the patient have documentation of a duration of relief from the first procedure for at least 12 weeks at a 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). Additionally, the approval of repeat neurotomies depend on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS (visual analogue scale) score, decreased medications and documented improvement in function. There should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had 70% relief since 03/2013, which was greater than 6 months. However, there was a lack of documentation of a decrease in the VAS score, decreased medications, and objective improvement in function. There was a lack of documentation of a formal plan of conservative care. Given the above, the request for right side lumbar radiofrequency at L3-4 and L4-5 is not medically necessary.