

<b>Case Number:</b>	CM14-0087225		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/02/1993
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 70-year-old female who reported an injury on 07/02/1993. The mechanism of injury was not provided. On 06/04/2014, the injured worker presented with low back pain slightly into the buttock with radiating symptoms down the legs. The diagnoses were lumbosacral pain and thoracic or lumbosacral neuritis or radiculitis. Upon examination of the lower back, there was exaggerated lordosis, significant muscle spasm and tenderness over the lumbar facet joints, with diffuse nonspecific paraspinal tenderness. There was myofascial trigger points and positive facet maneuvers bilaterally from L4-5 and L5-S1. There was a negative straight leg raise, normal strength in the bilateral lower extremities, and normal bilateral lower extremity sensory examination. Prior treatment included radiofrequency ablation, home exercise programs, and medications. The provider recommended a bilateral lumbar L4-5 and L5-S1 facet joint thermal radiofrequency ablation. The provider stated that it gave her excellent relief for almost 3 years when last performed in 2011; the Request for Authorization form was dated 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar L4/5, L5/S1, Facet Joint Thermal Radiofrequency Ablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

TREATMENT INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES-  
LOW BACK- LUMBAR & THORACIC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radio Frequency Neurotomy.

**Decision rationale:** The request for bilateral lumbar L4-5, L5-S1 facet joint thermal radiofrequency ablation is non-certified. The California MTUS/ACOEM Guidelines state there is good quality medical literature demonstrating that radiofrequency ablation of facet nerve joint in the cervical spine provides good temporary relief of pain; however, similar quality literature does not exist regarding this same procedure in the lumbar area. Lumbar facet neurotomies reportedly reproduced mixed results. The Official Disability Guidelines further state that facet joint ablation is currently under study. Criteria for use of facet joint radiofrequency ablation include treatment requires a diagnosis of facet joint pain using a medial branch block, repeat neurotomies may be required; however, they should not occur at an interval less than 6 months from the first procedure. There should be documented greater than or equal to 50% pain relief for up to 12 weeks and no more than 3 procedures should be performed in a year's period, approval of repeat neurotomies depend on evidence of adequate diagnostic blocks, documented improvement in VAS scores, decrease in medication, and documented improvement in function, and no more than 2 joint levels are to be performed at 1 time. There should be evidence of a formal plan of additional evidence-based conservative care. There is a lack of documentation of greater than 50% pain relief for up to 12 weeks with a decrease in medication and documented improvement in function. The provider noted that a prior radiofrequency ablation performed in 2011 provided excellent relief for 3 years; however, an adequate examination of objective functional improvement with measurable pain relief and associated decrease in medication was not provided. There is a lack of evidence of adequate diagnostic blocks. As such, the request is not medically necessary.