

<b>Case Number:</b>	CM14-0187043		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old man who sustained a work-related injury on September 28, 2011. Subsequently, the patient developed low back pain. On March 10, 2014, the patient underwent a bilateral L4-5 and L5-S1 facet joint injection with fluoroscopic guidance and contrast enhancement with conscious sedation. It was noted that the patient had 70% relief. According to a progress report dated October 10, 2014, the patient presented with persistent left low back and hip pain along with right knee pain. His back pain has become more severe over the last 2 months, and the radicular symptoms were worsening. His bilateral L4-5, L5-S1 lumbar facet injection provided 5-6 months of significant pain relief. On exam, sensation to light touch and pinprick were intact throughout except for diminished light touch sensation in L4-5 on the left side dermatomal distribution. The straight leg raising seated was positive on the left side. Strength was 3/5 in left hip in abduction, adduction, flexion, and extension. 5 out of 5 on right hip in flexion and extension. + extensor hallucis longus weakness on left. The patient was diagnosed with degeneration of the intervertebral disc, lumbar facet joint arthropathy, and lumbosacral spondylosis without myelopathy, fibromyositis, and displacement of lumbar intervertebral disc without myelopathy, anxiety, and depressive disorder. The provider requested authorization for Bilateral L4-5 & L5- S1 facet joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 & L5- S1 facet joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Hip & Pelvis (Acute & Chronic) , Sacroiliac joint radiofrequency neurotomy (<http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#Sacroiliacjointradiofrequencyneurotomy>)

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac denervation. According to ODG guidelines, Sacroiliac joint radiofrequency neurotomy, not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. The patient developed lumbar pain radiating to the right hip with reduced sensation following a radicular pattern. A lumbosacral radiculopathy cannot be excluded. In addition, his bilateral L4-5, L5-S1 lumbar facet injection, performed in March of 2014, provided 5-6 months of significant pain relief. The guidelines do not support a second facet injection when the first one was successful but MMB and neurotomy. Therefore, Bilateral L4-5 & L5- S1 facet joint injection is not medically necessary.