

<b>Case Number:</b>	CM14-0190550		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 has a subspecialty in Pain 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:

The injured worker is a 45-year-old female who reported an injury on 03/06/2014. The mechanism of injury was a fall. Her diagnoses included lumbar spine sprains/strains, disorders of the back, sacroiliac region sprains/strains, sacroiliac ligament lumbar, and chronic lumbar pain/sacroilitis. Her past treatments included physical therapy, medications, chiropractic therapy, TENS unit, and epidural steroid injections. Her diagnostic studies included an MRI of the lumbar spine done on 04/25/2014, which showed early degenerative changes to the L2-3 with loss of intervertebral disc signal and a tiny diffuse disc bulge without central canal stenosis or neural foraminal narrowing; small disc bulge at L4-5 with mild right neural foraminal narrowing on the basis of uncovertebral change without nerve root impingement. Per physical therapy note of 07/09/2014, the injured worker had pain rated on the VAS of 5/10, and she was discharged from physical therapy for a lack of progress. Recommendation was that her outcome score had regressed from a 47 to 61, as she had reported having trouble with standing, reaching, and walking. Her lumbar extension had worsened considerably, additionally it was noted the patient would benefit from an injection and then retrying physical therapy. Her complaints on 07/30/2014 were complaints of low back pain, mostly axial in nature, with radiating pain into the buttocks and down the right leg. Description of the pain was dull, constant, and aching that is exacerbated while bending, prolonged walking or standing, especially with extension maneuvers. Upon physical examination, tenderness was indicated to the bilateral lumbosacral paraspinal with restrictions in extension. Her manual muscle testing across all myotomes to the lower extremities was normal at 5/5; sensation to light touch was intact across all dermatomes. There was a negative Babinski and negative straight leg raise; no clonus was noted. Her medications include ibuprofen 800 mg, Norco 5/325 mg, and cyclobenzaprine. The treatment plan was for a

diagnostic bilateral L3, L4, and L5 medial branch block. The rationale for the request was facet genic pain from spondylosis. The Request for Authorization was dated 10/10/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar medial branch neurotomy with radiofrequency at bilateral L3, L4 and L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy

**Decision rationale:** The request for lumbar medial branch neurotomy with radiofrequency at bilateral L3, L4 and L5 is not medically necessary. As indicated in the American College of Occupational and Environmental Medicine (ACOEM), although there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain, there is no existing literature regarding the same procedure in the lumbar region. Lumbar facet neurotomies can produce mixed results; therefore, neurotomies should be performed only after an appropriate investigation involving control differential dorsal ramus medial branch diagnostic blocks. The injured worker had undergone an epidural steroid injection, although there was no documentation as to its efficacy. Additionally, as cited in the Official Disability Guidelines, treatment of medial branch block requires a diagnosis of facet joint pain, and is to be used with patients with low back pain that is nonradicular and not to be used in more than 2 levels bilaterally. As there was documentation of radiating pain, and a previous medial branch block to the L3, L4, and L5 bilaterally and evidence of efficacy of the procedure. Additionally the procedure was performed less than 6 months ago. As such, the request for lumbar medial branch neurotomy with radiofrequency at bilateral L3, L4 and L5 is not medically necessary.