

<b>Case Number:</b>	CM14-0190878		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/20/1998
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and 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 45year old female injured worker with date of injury 4/20/98 with related neck and lower back pain. Per progress report dated 10/27/14, a physical examination of the lumbar spine revealed a loss of normal lordosis with straightening of the lumbar spine. Range of motion was limited by pain. On palpation of the paravertebral muscles, there was spasm and tenderness and tight muscle band, and left greater than right pain. Lumbar facet loading was positive bilaterally, straight leg raise test was positive on the left, light touch sensation was decreased over the posterior thigh, lateral thigh, and left side. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included radiofrequency ablation, and medication management. The date of UR decision was 11/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar radiofrequency ablation at the L3, L4 and L5 levels:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** Per the ODG with regard to facet joint radio-frequency neurotomy: "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function."The ODG indicates that criteria for cervical facet joint radio-frequency neurotomy are as follows: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks.2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function.3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks).4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks.5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy.6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.Upon review of the submitted documentation it was noted that the previous radio-frequency ablation dated 12/17/13 provided the injured worker with over 70% relief for 9 months. The injured worker was able to continue working full time. I respectfully disagree with the UR physician's denial based upon a lack of documentation of improvement in VAS score, decreased medication, and improvement in function. The above cited guidelines do not state this; furthermore, they are evidenced by the injured worker's ability to continue working. This request is medically necessary.