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| <b>Case Number:</b>   | CM14-0195808 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 05/26/2011 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 10/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 47-year-old male with date of injury of 05/26/2011. The listed diagnoses from the 09/23/2014 are: 1. Low back pain from multifactorial chronic etiologies with features of facet mediated pain likely the primary pain generator. 2. Compensatory myofascial pain is the secondary pain generator. 3. Mild spondylosis with ventral annular fissuring at L1-L2, L2-L3, and L3-L4. 4. Chronic pain syndrome. According to this report, the patient complains of low back pain. The patient states that his low back pain has improved with Gabapentin; however, he still rates his pain 8/10. The pain is worse with prolonged walking, standing, and sitting. The examination shows paraspinal muscles are tender to palpation, extension and rotation are painful bilaterally in the lumbar spine; Strength is 5/5 in the bilateral lower extremities; Sensation is symmetric; Negative straight leg raise bilaterally. The documents include a medial branch block procedure report from 10/01/2014, AME report from 12/18/2013, physical therapy reports from 08/06/2014 to 09/18/2014, and progress reports from 05/01/2014 to 10/03/2014. The utilization review denied the request on 10/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4, and L5 medial branch radiofrequency ablation with monitoring and sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability

Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections)

**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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting bilateral L3, L4, and L5 medial branch radiofrequency ablation with monitoring and sedation. The ACOEM Guidelines page 300 and 301 states, "Lumbar facet neurotomy reportedly produces mixed results." For more thorough discussion, ODG Guidelines are referenced. ODG states RF ablation is under study, and there is conflicting evidence available as to the efficacy of this procedure, and approval of treatment should be made on a case-to-case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time, and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of the anesthetic agent used. The records do not show any previous radiofrequency ablation in the lumbar spine. The patient underwent medial branch block at the L3, L4, L5 bilateral levels on 10/01/2014. However, response from the MBB is unknown. The 10/03/2014 progress report was difficult to decipher to determine if the patient had a positive response to the medial branch block. In this case, given the lack of discussion of the required criteria by ODG for an RF ablation, the request is not medically necessary.