

<b>Case Number:</b>	CM14-0198545		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/16/2002
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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:

63y/o male injured worker with date of injury 4/16/02 with related low back, bilateral buttocks, and bilateral groin pain. Per progress report dated 11/12/14, the injured worker rated pain 6-7/10 in intensity. Per physical exam, the lumbar spine was tender from L3 to L5 bilaterally. There was bilateral lumbar facet tenderness at L3-L4, and L4-L5. MRI of the lumbar spine dated 2/10/14 revealed "The L3-4 disc is narrowed, desiccated and demonstrates a 5 mm diffuse posterior annular bulge. There is severe right lateral recess narrowing. There is moderate left foraminal narrowing and moderately severe right foraminal narrowing. The L4-5 disc is narrowed, desiccated and demonstrates a few 4 mm diffuse posterior annular bulge. There is severe bilateral lateral recess narrowing. There is severe right foraminal narrowing. There is minimal grade 1 anterior spondylolisthesis of L4 upon L5 without spondylolysis." Treatment to date has included physical therapy, chiropractic manipulation, epidural steroid injection, and medication management. The date of UR decision was 11/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Bilateral Lumbar Facet Medial Branch Neurotomy Under Fluoroscopy at L3-4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Radiofrequency Neurotomy

**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 MTUS ACOEM, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Per the ODG with regard to facet joint radiofrequency 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 facet joint radiofrequency neurotomy are as follows: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is 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.(3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function.(4) No more than two joint levels are to be performed at one time.(5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.Per the latest progress report available dated 11/12/14, it was stated that "radio frequency that was done that provided 50% of pain relief for 9 months. Pain relief was associated with significant relief of muscle spasms and stiffness", however, the 2/17/14 progress report following 1/7/14 neurotomy in fact reflects an increase in pain and an increase in pain medication. It is likely more accurate than the more recent note as it was more proximal to the event. The request is not medically necessary.

**Radiofrequency Bilateral Lumbar Facet Medial Branch Neurotomy Under Fluoroscopy at L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Radiofrequency Neurotomy

**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 Radiofrequency Neurotomy.

**Decision rationale:** Per MTUS ACOEM, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same

procedure in the lumbar region. Per the ODG with regard to facet joint radiofrequency 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 facet joint radiofrequency neurotomy are as follows: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is 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. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Per the latest progress report available dated 11/12/14, it was stated that "radio frequency that was done that provided 50% of pain relief for 9 months. Pain relief was associated with significant relief of muscle spasms and stiffness", however, the 2/17/14 progress report following 1/7/14 neurotomy in fact reflects an increase in pain and an increase in pain medication. The request is not medically necessary.