

<b>Case Number:</b>	CM14-0205376		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 63-year-old female who has submitted a claim for lumbar disc disease with radiculitis associated with an industrial injury date of 3/9/2012. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right lower extremity associated with weakness, tingling and numbness sensation. The pain is 8/10 in severity, described as pressure-like with tightness and aggravated by sitting, walking and bending. This resulted to difficulty in performing household chores and driving. The patient is status post diagnostic right L3, L4, and L5 medial branch blocks on 10/20/2014 with reported 100% pain relief for two days. Physical examination of the lumbar spine showed limited motion, positive facet loading test, tenderness at L4-S1 levels, normal motor of bilateral lower extremity muscles rated 5/5, DTRs +1 at both ankles, negative straight leg raise test, and positive for Patrick / Gaenslen's test bilaterally. The MRI of the lumbar spine dated 11/13/2012, demonstrated L4-L5 and L5-S1 disc degenerative disorder with disc bulge and facet arthropathy. The electrodiagnostic study from 5/22/2014 showed right S1 radiculopathy. Treatment to date has included orthosis, acupuncture, chiropractic care, trigger point injections, physical therapy and medications. The patient is currently attending acupuncture and is advised to continue her home exercise program. The utilization review from 12/3/2014 denied the request for radiofrequency ablation at right medial branch, L3-L5 because the patient presented with radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation at right medial branch, L3-L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 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. In this case, the patient complained of low back pain radiating to the right lower extremity associated with weakness, tingling and numbness sensation. The pain is 8/10 in severity, described as pressure-like with tightness and aggravated by sitting, walking and bending. Physical examination of the lumbar spine showed limited motion, positive facet loading test, tenderness at L4-S1 levels, normal motor of bilateral lower extremity muscles rated 5/5, DTRs +1 at both ankles, negative straight leg raise test, and positive for Patrick / Gaenslen's test bilaterally. The MRI of the lumbar spine dated 11/13/2012, demonstrated L4-L5 and L5-S1 disc degenerative disorder with disc bulge and facet arthropathy. She is currently attending acupuncture and is advised to continue her home exercise program. The patient is status post diagnostic right L3, L4, and L5 medial branch blocks on 10/20/2014 with reported 100% pain relief for two days. This is a request for radiofrequency ablation due to significant pain relief achieved from diagnostic medial branch block. There is likewise a plan of conservative management as adjunct to ablation therapy. The guideline criteria are met. Therefore, the request for radiofrequency ablation at right medial branch, L3-L5 is medically necessary.