

<b>Case Number:</b>	CM15-0003155		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 27 year old female, who sustained an industrial injury on 1/20/2010. The current diagnosis is lumbar spondylosis. Currently, the injured worker complains of low back pain. On 9/30/2014, the injured worker underwent a diagnostic facet joint injection in the bilateral L4-5 and L5-S1 and left L3-4. He had 90% pain relief during the local anesthetic phase. The treating physician is requesting radiofrequency ablation of the median branches at right L3 and L4 and dorsal rami L5 and radiofrequency ablation median branch left lumbar L2, L3, and L4 under fluoroscopic guidance and conscious sedation, which is now under review. On 12/18/2014, Utilization Review had non-certified a request for radiofrequency ablation of the median branches at right L3 and L4 and dorsal rami L5 and radiofrequency ablation median branch left lumbar L2, L3, and L4 under fluoroscopic guidance and conscious sedation. The radiofrequency ablation was non-certified based on the guidelines noting that the diagnostic procedure of choice prior to a radiofrequency ablation is a medical branch block, and in this case these have not been performed. The California MTUS, ACOEM, and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation of the median branches at right L3 and L4 and dorsal rami L5:**  
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 (ODG), Low Back Procedure Summary, Criteria for the Use of Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301.

**Decision rationale:** According to MTUS guidelines, 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no clear objective documentation that the lumbar facets are the main pain generator. In addition, it is not clear from the records presented for review that the patient underwent a medical branch block at the level requested. Therefore, Radiofrequency ablation of the median branches at right L3 and L4 and dorsal rami L5 is not medically necessary.

**Radiofrequency ablation median branch left lumbar L2, L3, and L4 under fluoroscopic guidance and conscious 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 (ODG), Low Back Procedure Summary, Criteria for the Use of Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301.

**Decision rationale:** According to MTUS guidelines, 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no clear objective documentation that the lumbar facets are the main pain generator. In addition, it is not clear from the records presented for review that the patient underwent a medical branch block at the level requested. Therefore, Radiofrequency ablation median branch left lumbar L2, L3, and L4 under fluoroscopic guidance and conscious sedation is not medically necessary.

