

<b>Case Number:</b>	CM15-0131708		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on 07/04/2012. On provider visit dated 05/27/2015 the injured worker has reported lower backache. On examination of the lumbar spine revealed a restricted range of motion. Tenderness to palpation of paravertebral muscles, hypertonicity and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides. The patient has had negative SLR and 5/5 strength. The diagnoses have included low back pain. Treatment to date has included medication, chiropractic therapy, and prior radio-frequency and epidural steroid injections. The provider requested Lumbar Radiofrequency Ablation L3, L4, L5 and Sacral Left Side. The medication list include Tramadol, Naproxen and Voltaren Gel. The patient's surgical history include right knee arthroscopy, left shoulder surgery. The patient has had EMG study of the lower extremity on 1/27/14 that revealed L4-5 radiculopathy and MRI of the lumbar spine on 2/5/14 that revealed disc protrusions, and degenerative changes. Patient had received ESIs for this injury. Patient had received Lumbar Radiofrequency Ablation for this injury in past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Radiofrequency Ablation L3, L4, L5 and Sacral Left Side: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (updated 07/17/15) Facet joint intra-articular injections (therapeutic blocks) Facet joint radiofrequency neurotomy.

**Decision rationale:** Request Lumbar Radiofrequency Ablation L3, L4, L5 and Sacral Left Side. CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy "Under study. Criteria for use of facet joint radiofrequency neurotomy: (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." Evidence of diagnosis of facet joint pain using a medial branch block was not specified in the records provided. As per cited guideline there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy which was not specified in the records provided. Patient had received Lumbar Radiofrequency Ablation for this injury in past. Any evidence of relief in pain from previous radiofrequency ablation for the first 12 weeks at 50% relief was not specified in the records provided. Patient has received conservative treatment for this injury till date. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. As per the cited guideline no more than two joint levels are to be performed at one time and this is the request for Lumbar Radiofrequency Ablation L3, L4, L5 and Sacral Left Side. In addition as per the cited guideline medial branch blocks are under study. Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. The patient has had EMG study of the lower extremity on 1/27/14 that revealed L4-5 radiculopathy and MRI of the lumbar spine on 2/5/14 that revealed disc protrusions, and degenerative changes. Patient had received ESIs for this injury. So there is evidence of possible radiculopathy. The medical necessity of the request for Lumbar Radiofrequency Ablation L3, L4, L5 and Sacral Left Side is not fully established in this patient.