

<b>Case Number:</b>	CM15-0134963		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	11/18/1993
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 71 year old female sustained an industrial injury on 11/18/93. She subsequently reported back pain. Diagnoses include lumbosacral spondylosis without myelopathy. Treatments to date include prescription pain medications. The injured worker continues to experience low back pain that radiates to the right and left hips. Upon examination, there was tenderness to palpation over the lumbar paraspinals. There was pain noted with lumbar extension. Facet loading test was positive bilaterally. A request for Bilateral L3, L4 and L5 radiofrequency ablation was made by the treating physician.

### 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 radiofrequency ablation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/facet joint radiofrequency.

**Decision rationale:** According to CA MTUS cited ACOEM 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". While similar literature does not exist for the lumbar regions, "facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks". The IW underwent radiofrequency ablation of the lumbar spine in November of 2013. The current request is to determine if repeat RF neurotomy at the same levels is indicated. According to ODG guidelines, repeat facet joint RF neurotomy "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 guidelines continue to state that the "current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months). No more than 3 procedures should be performed in a year's period." From my review of the records there was 60% reported pain relief at 12 weeks following the initial RFA in 2013, it has been more than 6 months since the initial ablation and there have not been more than 3 procedures performed in a year period. Based on this I believe the requested procedure is medically necessary and appropriate. Regarding the guideline which states that the procedure is successful with sustained pain relief (generally of at least 6 months duration), there was no follow-up note at 6 months from the initial RFA in order to ascertain efficacy at that point in time. The lack of such clinical record is not valid reason to deny the request in light of the above listed evidence.