

<b>Case Number:</b>	CM15-0136084		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old female, who sustained an industrial injury on 2/5/08. The injured worker was diagnosed as having lumbago, lumbosacral spondylosis without myelopathy, sciatica, and long-term use of medication. Treatment to date has included TENS, lumbar epidural steroid injections, medication, and a radiofrequency injection on 11/18/14 that was noted to have given long-term benefit of pain reduction and improvement in function including activities of daily living. On 6/1/15 the treating physician noted the injured worker had increased pain with extension and rotation of the lumbar spine which was consistent with facet mediated pain. Currently, the injured worker complains of pain in the low back and leg pain. The treating physician requested authorization for 1 bilateral permanent lumbar facet injection L2-3 and L4-5 AKA radiofrequency ablation, each additional level, fluoroscopic guidance, and IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral permanent lumbar facet injection L2-L3, L4-L5 AKA radiofrequency ablation, each additional level, fluoroscopic guidance and IV sedation: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 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 documentation submitted for review, the injured worker was previously treated with lumbar radiofrequency ablation on 11/18/14. It was noted that she was able to walk further, do activities of daily living in the house, as well as outside such as shopping, walking to and from the car, and now she is having a lot of difficulty doing this. It is noted that usually these ablations provide around 7 months of pain relief and more than 50% of pain relief. I respectfully disagree with the UR physician's assertion that the documentation did not support the request. Per the citation above for repeat neurotomies, medical necessity is affirmed.