

<b>Case Number:</b>	CM15-0138688		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/11/2008
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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

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:

The injured worker is 51-year-old female who sustained an industrial injury on 6-11-08. Diagnoses are chronic intractable pain, lumbosacral facet arthropathy, hand pain, lumbago, and lumbar degenerative disc disease. She is not working-medically retired. Lumbar MRI (3-27-15) noted no spinal stenosis, disc herniation or foraminal narrowing at L-S1. Treatment has included surgery, radiofrequency ablation (2013), acupuncture (to the hand) and medications. In a primary treating physician's progress report dated 6-9-15, the physician reported continued complaint of low back pain and hand pain. Medications were Lidoderm and Tramadol, which helped decrease pain and caused no side effects. Acupuncture helped alleviate pain. She had completed 8 sessions of 12 approved sessions so far. Examination showed normal gait, lumbosacral myofascial tenderness, facet loading with extension at left side of the lower back, atrophy of the thenar prominence left hand. Neurologic exam noted no focal deficits. Plan was for left-sided lumbar radiofrequency ablation. In an acupuncture provider's note dated 6-22-15, the provider reported acupuncture continues to decrease hand pain and improve function and presently noted reducing pain from 7/10 to 3/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3 Radiofrequency Ablation with Fluoroscopic Guidance, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-9, 300-1, 309-10, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420> 2) Schofferman J1, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. Spine (Phila Pa 1976). 2004 Nov 1; 29(21): 2471-3.

**Decision rationale:** Radiofrequency ablation (RFA) is a diagnostic and/or therapeutic procedure, which uses radio waves to generate heat in specifically targeted nerves to temporarily interfere with their ability to transmit pain signals. The procedure is recommended to temporarily reduce chronic pain in the lower back that has not been adequately relieved by other means, such as medications or physical therapy. The MTUS does not specifically comment on RFA therapy. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. According to the American Society of Interventional Pain Physicians, the evidence for therapeutic RFA is good in managing lumbar facet joint generated pain after the appropriate diagnosis with controlled diagnostic lumbar facet joint blocks has been completed. This is the crux of the decision for left lumbar RFA for this patient. The imaging studies do not support the diagnosis of facet-generated pain and exam findings are too non-specific. Controlled diagnostic lumbar facet joint blocks should be done first to confirm the etiology of the chronic back pain. At this point in the care of this patient, there is not enough medical evidence to support lumbar radiofrequency ablation. This request is not medically necessary.

**Left L4 Radiofrequency Ablation with Fluoroscopic Guidance, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-9, 300-1, 309-10, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians: Comprehensive

evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420> 2) Schofferman J1, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. *Spine (Phila Pa 1976)*. 2004 Nov 1; 29(21): 2471-3.

**Decision rationale:** Radiofrequency ablation (RFA) is a diagnostic and/or therapeutic procedure, which uses radio waves to generate heat in specifically targeted nerves to temporarily interfere with their ability to transmit pain signals. The procedure is recommended to temporarily reduce chronic pain in the lower back that has not been adequately relieved by other means, such as medications or physical therapy. The MTUS does not specifically comment on RFA therapy. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. According to the American Society of Interventional Pain Physicians, the evidence for therapeutic RFA is good in managing lumbar facet joint generated pain after the appropriate diagnosis with controlled diagnostic lumbar facet joint blocks has been completed. This is the crux of the decision for left lumbar RFA for this patient. The imaging studies do not support the diagnosis of facet-generated pain and exam findings are too non-specific. Controlled diagnostic lumbar facet joint blocks should be done first to confirm the etiology of the chronic back pain. At this point in the care of this patient, there is not enough medical evidence to support lumbar radiofrequency ablation. This request is not medically necessary.

#### **Left L5 Radiofrequency Ablation with Fluoroscopic Guidance, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-9, 300-1, 309-10, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420> 2) Schofferman J1, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. *Spine (Phila Pa 1976)*. 2004 Nov 1; 29(21): 2471-3.

**Decision rationale:** Radiofrequency ablation (RFA) is a diagnostic and/or therapeutic procedure, which uses radio waves to generate heat in specifically targeted nerves to temporarily interfere with their ability to transmit pain signals. The procedure is recommended to temporarily reduce chronic pain in the lower back that has not been adequately relieved by other means, such as

medications or physical therapy. The MTUS does not specifically comment on RFA therapy. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. According to the American Society of Interventional Pain Physicians, the evidence for therapeutic RFA is good in managing lumbar facet joint generated pain after the appropriate diagnosis with controlled diagnostic lumbar facet joint blocks has been completed. This is the crux of the decision for left lumbar RFA for this patient. The imaging studies do not support the diagnosis of facet-generated pain and exam findings are too non-specific. Controlled diagnostic lumbar facet joint blocks should be done first to confirm the etiology of the chronic back pain. At this point in the care of this patient, there is not enough medical evidence to support lumbar radiofrequency ablation. This request is not medically necessary.

**Moderate Sedation, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Rex DK. Review article: moderate sedation for endoscopy: sedation regimens for non-anesthesiologists. *Alimentary Pharmacology & Therapeutics*. Volume 24, Issue 2, pages 163-171, July 2006) American Society of Anesthesiologists: Distinguishing Monitored Anesthesia Care from Moderate Sedation/Analgesia (Conscious Sedation). Committee of Origin: Economics (Approved by the ASA House of Delegates on October 27, 2004, last amended on October 21, 2009, and reaffirmed on October 16, 2013).

**Decision rationale:** Sedation of patients for medical procedures has been classified by the American Society of Anesthesiologists into three levels: Minimal Sedation where the patient maintains a normal response to verbal stimuli, Moderate Sedation where the patient can give a purposeful response to verbal/tactile stimulation (this is also known as "conscious sedation"), and Deep Sedation where the patient can only give a purposeful response to repeated or painful stimulation. Sedation is used in medical procedures to reduce patient irritability, anxiety and/or agitation and thus facilitate the provider's performance of the medical procedure or diagnostic procedure. Using moderate sedation for a lumbar radiofrequency ablation procedure allows the patient to relax and blocks pain during the procedure. Since this patient has not been approved for the proposed radiofrequency ablation procedures it follows that use of moderate sedation is not required. This request is not medically necessary.

**Acupuncture Sessions, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture is a technique to control and improve pain in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for initial use of this treatment are 3-6 treatments up to 3 times per week optimally for 1-2 months. It makes sense to first ensure its effectiveness before committing to a longer term of therapy. A 2-week trial is most commonly accepted for this purpose. It should be remembered that continued use of this therapeutic modality requires documentation of functional improvement from this therapy. [Note: functional improvement is defined by the MTUS as "clinically significant improvement in activities of daily living or a reduction in work restrictions."] This patient has been receiving regular acupuncture (8 of 12 approved sessions). The provider has documented ongoing improvement in pain control but did not comment on functional improvement nor has the patient returned to work. Continued use of this therapeutic modality is presently indicated up to the initially approved 12 sessions but further acupuncture after that should be based on functional improvements and work status. Medical necessity for extending the number of acupuncture sessions past the initially approved 12 sessions has been not medically necessary.