

<b>Case Number:</b>	CM15-0143729		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 8, 2007. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for a bilateral L5-S1 dorsal ramus block injection or radiofrequency neurolysis procedure. The claims administrator referenced a May 15, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 15, 2015, the attending provider sought authorization for a bilateral L5-S1 radiofrequency neurolysis procedure in conjunction with multilevel medial branch blocks at L2, L3, L4, and L5. In an associated progress note of May 15, 2015, the applicant was described as having ongoing complaints of low back pain status post-multilevel medial branch block procedures and radiofrequency neurolysis procedures. The attending provider contended that previous radiofrequency neurolysis procedure had generated a year and a half of pain relief. The applicant reported ongoing complaints of low back pain radiating to the hip, exacerbated by bending, lifting, standing, and walking. Intact lower extremity sensation was noted with pain-limited range of motion of the lumbar spine appreciated. Paraspinal tenderness was appreciated. Multilevel repeat medial branch blocks were sought. The applicant had undergone a right knee replacement, right hip replacement, and a left knee arthroscopy. It was reported that the applicant was on Norco, gemfibrozil, Lotrel, and hydrochlorothiazide. The applicant's work status was not detailed. The applicant was still smoking, it was acknowledged. On April 7, 2015, the applicant again described having ongoing complaints of low back pain. Repeat medial branch blocks were sought. Once again, it was not stated whether the applicant was or was not working. The applicant was using Naprosyn, Norco, gemfibrozil, and Lotrel, it was reported. On May 15,

2015, the applicant's permanent work restrictions were renewed. Once again, it was not clearly stated whether the applicant was working with said limitations in place, although this did not appear to be the case.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral L5-S1 dorsal ramus block injection radiofrequency neurolysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Low Back Disorders, pg. 619.

**Decision rationale:** No, the request for a radiofrequency neurolysis procedure/injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, quality literature "does not exist" regarding radiofrequency neurotomy/radiofrequency neurolysis procedures in the lumbar region, as was sought here. The MTUS Guideline in ACOEM Chapter 12, page 301 further notes that facet neurotomies reportedly produce "mixed results." The attending provider failed to furnish much in the way of an applicant-specific rationale or medical evidence, which would augment the seemingly tepid-to-unfavorable MTUS position on radiofrequency neurotomy/radiofrequency neurolysis procedures in ACOEM Chapter 12, pages 300-301. The Third Edition ACOEM Guidelines likewise state that there is "no recommendation" for or against the usage of radiofrequency neurotomy/neurolysis procedures in applicants with chronic low back pain confirmed with facetogenic blocks who do not have radiculopathy. The Third Edition ACOEM Guidelines Low Back Chapter also notes that there is a logical limit as to how many times it is possible to permanently destroy the same nerve, noting that there is no recommendation for a third or additional radiofrequency neurolysis procedure. Here, the attending provider's May 15, 2015 progress note suggested that the applicant had had several prior radiofrequency neurolysis procedures, seemingly in excess of The Third Edition ACOEM Guidelines Low Back Chapter's position of "no recommendation" on additional radiofrequency neurolysis/neurotomy procedures beyond a 3rd block. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider himself acknowledged on May 15, 2015 that the applicant had had multiple prior lumbar radiofrequency neurolysis procedures at various points over the course of the claim. However, the applicant's permanent work restrictions were renewed on an office visit of May 5, 2015. It did not appear that the applicant was working with said limitations in place. The applicant was described as using Norco for pain relief on office visit of April 7, 2015 and May 15, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified numbers of lumbar radiofrequency neurolysis procedures over the course of the claim. Therefore, the request was not medically necessary.