

<b>Case Number:</b>	CM15-0147080		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on 01-28-2002, secondary to falling down the stairs resulting in back, right hip, right leg and ankle injury. On provider visit dated 07-06-2015 the injured worker has reported diffuse spine pain noted as aching and stabbing. Right hip, right knee and left shoulder aching and burning that were noted to come and go. On examination of the injured workers gait was noted as antalgic and using a cane to assist with ambulation. Lumbar spine was noted as having positive facet loading on both sides. Straight leg raise was noted as positive on the right side, tenderness to palpation of the right piriformis muscle on both sides and diffuse pains of the lumbar spinous processes at the lumbosacral junction, lumbar paraspinal, bilateral lumbar facets and gluteal. Tenderness to light touch in the thoracic paraspinal was noted as well. The diagnoses have included lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included epidural steroid injections, lumbar rhizotomy, chiropractic therapy, physical therapy, acupuncture and pain medication. The provider requested bilateral L4, L5 medial branch block under fluoroscopy and lumbar radiofrequency ablation (rhizotomy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4, L5 medial branch block under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks (injections).

**Decision rationale:** The patient was injured on 01/28/02 and presents with diffuse spine pain, right hip pain, right knee pain, and left shoulder pain. The request is for a Bilateral L4, L5 medial branch block under fluoroscopy. There is no RFA provided and the patient is not working. The utilization review denial letter states that the patient "has already had positive neurotomies in the past to the requested level". ODG Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." The patient has a positive lumbar facet loading on both sides, a positive straight leg raise on the right side in supine position at 40 degrees, tenderness to palpation of the right piriformis muscle on both sides, diffuse pain of the lumbar spinous processes at the lumbosacral junction, and tender to light touch (alloydynia) in the thoracic paraspinals. The 07/06/15 report states that "radiculopathy has been documented by physical examination". She is diagnosed with lumbago and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included epidural steroid injections, lumbar rhizotomy, chiropractic therapy, physical therapy, acupuncture and pain medication. Utilization review denied this request on grounds that it was a repeat medial branch block, though there is no evidence in the records provided that this patient has undergone such a procedure to date. Furthermore, ODG Guidelines does not support the use of facet blocks (diagnostic or otherwise) in patients who present with radicular pain, which this patient presents with. Therefore, the requested lumbar medial branch block is not medically necessary.

**Lumbar radiofrequency ablation (rhizotomy):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary Online Version, Criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet Joint Radiofrequency Neurotomy Low back Chapter under Facet joint diagnostic blocks.

**Decision rationale:** The patient was injured on 01/28/02 and presents with diffuse spine pain, right hip pain, right knee pain, and left shoulder pain. The request is for a Lumbar Radiofrequency Ablation (rhizotomy) to reduce pain and inflammation, restore ROM and thereby facilitate progress in a more active treatment program, and avoid surgery. There is no RFA provided and the patient is not working. The 07/06/15 report states that the patient has had a prior lumbar rhizotomy. The utilization review denial letter states that the patient had a rhizotomy in December 2014 which resulted in "60-70% relief of axial low back pain" and that relief lasts approximately 4 months. ODG Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet Joint Radiofrequency Neurotomy states: "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." ODG Low back Chapter under Facet joint diagnostic blocks states: "1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine." The patient has a positive lumbar facet loading on both sides, a positive straight leg raise on the right side in supine position at 40 degrees, tenderness to palpation of the right piriformis muscle on both sides, diffuse pain of the lumbar spinous processes at the lumbosacral junction, and tender to light touch (alloodynia) in the thoracic paraspinals. The 07/06/15 report states that "radiculopathy has been documented by physical examination". She is diagnosed with lumbago and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included epidural steroid injections, lumbar rhizotomy, chiropractic therapy, physical therapy, acupuncture and pain medication. The utilization review denial letter states that the patient had a rhizotomy in December 2014 which resulted in "60-70% relief of axial low back pain" and that relief lasts approximately 4 months." While the patient did have >50% pain relief which lasted for at least 12 weeks, the treater does not use VAS scale to indicate reduction in pain, document medication reduction, or document improvement in function, as required by ODG Guidelines. More importantly, the patient presents with documented radiculopathy for which facet joint treatments are not supported. The patient has diffuse low back pain without specific tenderness over the facet joints as required by the guidelines. Therefore, the request is not medically necessary.