

<b>Case Number:</b>	CM15-0186204		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 2-14-2014. The medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar- lumbosacral disc degeneration, left lumbar radiculitis, lumbar spondylosis without myelopathy, and sciatica. According to the progress report dated 8-27-2015, the injured worker presented with complaints of ongoing low back pain, left greater than right. She notes after the L5 transforaminal epidural steroid injection (6-10-2015) her leg pain improved and her bladder issues completely resolved. Despite improvement in leg pain, the paresthesia is still there. However, she does not report any weakness. The pain is described as throbbing, spastic, burning, numbing, and tingling. On a subjective pain scale, she rates her average pain 6-7 out of 10. With pain medications, her pain is 6 out of 10 and without 6-7 out of 10. The physical examination of the lumbar spine reveals paraspinous tenderness, positive bilateral facet loading, restricted range of motion due to pain, and decreased sensation in the left lateral thigh and lower leg. The current medications are Gabapentin, Tylenol #3, Elavil, and Benadryl. Previous diagnostic studies include MRI of the lumbar spine. The treating physician noted the MRI from 3-2014 versus 5-2015 demonstrated "worsening herniated nucleus pulposus at L4-5, same NF at L4-5 and L5-S1 with progressing impingement left L5 and unchanged left L4, and facet arthropathy." Treatments to date include medication management, physical therapy, home exercise program, and multiple injections to the lumbar spine. Work status is described as not working. The original utilization review (9-4-2015) had non-certified a request for left L3-5 medial branch radiofrequency with moderate sedation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medial branch radiofrequency (RF), left lumbar L3-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - 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.

**Decision rationale:** The current request is for MEDIAL BRANCH RADIOFREQUENCY (RF), LEFT LUMBAR L3-L5. The RFA is dated 08/28/15. Treatments to date include medication management, physical therapy, home exercise program, and multiple injections to the lumbar spine. The patient is not working. ODG, 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." Per report 08/27/15, the patient presents with chronic low back pain with radiation to the left posterior lateral legs. The patient also reports paresthesia and weakness. The pain is described as throbbing, burning, with numbing and tingling. The physical examination of the lumbar spine reveals paraspinal tenderness, positive bilateral facet loading, restricted range of motion due to pain, and decreased sensation in the left lateral thigh and lower leg. The treater reports that the L5 transforaminal epidural steroid injection performed on 06/10/15 improved the leg pain. The treater reports that the patient also had a left L3-5 MBB on 11/12/14, which provided 100% relief, and the patient was "able to walk, shop, and rid of walker for 8 hours." The request is for a radiofrequency ablation with moderate sedation. In this case, due to the patient's paresthesia, weakness, tingling/numbness, radiation of pain down the left leg and diagnosis of left lumbar radiculitis, proceeding to a radiofrequency ablation are not indicated. ODG does not support radiofrequency ablations in patients with radicular symptoms. Therefore, the request IS NOT medically necessary.

**Moderate sedation, for medial branch radiofrequency: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Sedation.

**Decision rationale:** The current request is for MODERATE SEDATION, FOR MEDIAL BRANCH RADIOFREQUENCY. The RFA is dated 08/28/15. Treatments to date include medication management, physical therapy, home exercise program, and multiple injections to the lumbar spine. The patient is not working. ODG guidelines, Head Chapter, under Sedation states: "Sedation and neuromuscular blockade are appropriate if needed for transport. Short-acting agents are preferred to allow for serial exams. (Colorado, 2005) One study found that analgesia-based sedation with remifentanyl permitted significantly faster and more predictable awakening for neurological assessment. (Karabinis, 2004) Two other studies found that a propofol-based sedation with an intracranial pressure control regimen is a safe, acceptable, and, possibly, desirable alternative to an opiate-based sedation regimen in intubated head-injured patients." Per report 08/27/15, the patient presents with chronic low back pain with radiation to the left posterior lateral legs. The patient also reports paresthesia and weakness. The pain is described as throbbing, burning, with numbing and tingling. The treater reports that the patient had a left L3-5 MBB on 11/12/14, which provided 100% relief, and the patient was "able to walk, shop, and rid of walker for 8 hours." In this case, due to the patient's paresthesia, weakness, tingling/ numbness, radiation of pain down the left leg and diagnosis of left lumbar radiculitis, proceeding to a radiofrequency ablation is not indicated, as ODG does not support radiofrequency ablations in patients with radicular symptoms. Given the RFA is not authorized, the requested sedation IS NOT medically necessary.