

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0187662 |                              |            |
| <b>Date Assigned:</b> | 09/29/2015   | <b>Date of Injury:</b>       | 10/29/2008 |
| <b>Decision Date:</b> | 11/09/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2015 |

### 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: Emergency 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 a 63-year-old male, who sustained an industrial injury on 10-29-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, displacement of lumbar intervertebral disc without myelopathy, cervical spondylosis without myelopathy, myofascial pain dysfunction syndrome, spinal stenosis of the lumbar region, degenerative cervical spinal stenosis, and lumbosacral spondylosis. On 9-10-2015, the injured worker reported more severe pain in the lower back and both legs, with neck and bilateral shoulder pain. The Treating Physician's report dated 9-10-2015, noted the injured worker's injury had required left knee surgery, shoulder operations, and chronic pain management care requiring medications and spinal injections in the past. The injured worker was noted to have received a diagnostic bilateral L3-L5 medial branch block under fluoroscopy two weeks previously that provided 100% pain relief for the entire day after which his pain reduced to 40%, with the pain returned close to baseline, but worse on the left side. The injured worker's pain was noted to be 2 out of 10 at best and 7 out of 10 at most, with 5 out of 10 the average. Physical therapy and medications were noted to have helped to some extent. The injured worker was noted to be taking Tramadol, Celecoxib, Omeprazole, Fluoxetine, and Gabapentin. The injured worker was noted to have had 3 lumbar epidural steroid injections (ESIs) and 1 cervical epidural steroid injection (ESI) done in 2013. The physical examination was noted to show the lumbar spine with scattered trigger points in the bilateral lower spine, decreased range of motion (ROM), mild intervertebral and moderate facet tenderness noted mostly on the left and tender SI joints. The straight leg raise test was noted to be positive at 80 degrees bilaterally. The sensory

examination was noted to be normal to cold and light touch bilaterally. A lumbar spine MRI from 3-28-2013 was noted to show moderate multilevel spondylosis and degenerative disc disease from L3-S1, moderate lateral recess stenosis on the left L3-L4 and right L4-L5 due to lateralizing disc protrusion and opposing facet arthropathy, and right L5 and left L4 nerve impingement. The Physician noted that "considering the fact that his main complaint is axial lower back pain that intensified with standing and bending sideways or backwards and supportive lumbar spine MRI findings compatible with lumbar facet disease that was confirmed by 100% pain relief for an entire day after medial branch block. He is now a candidate for frequency ablation". The request for authorization dated 9-11-2015, requested left L3, L4, L5 medial branch radiofrequency ablation under fluoroscopy, outpatient. The Utilization Review (UR) dated 9-16-2015, non-certified the request for left L3, L4, L5 medial branch radiofrequency ablation under fluoroscopy, outpatient.

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

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

**Left L3, 4, 5 medial branch radiofrequency ablation under fluoroscopy, outpatient:** 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), Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Facet joint radio frequency neurotomy, Low Back, Facet joint diagnostic blocks (injections).

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that properly relate to this topic. ACOEM only has general recommendation. Official Disability Guidelines were used for detailed criteria. As per Official Disability Guidelines, this procedure has poor and conflicting evidence of benefit. Specific criteria for recommendation of radio frequency ablation must be met to recommend procedure. While there was a successful diagnostic block, it is unclear why the diagnostic block was done in the first place since patient never met criteria for the block. Patient has noted radiculopathy on exam and on electrodiagnostics, which is a contraindication. Guidelines do not recommend more than 2 levels be ablated at one session. Request does not meet criteria for recommendation for a procedure with poor evidence of efficacy. Left L3, 4, 5 medial branch radiofrequency ablation under fluoroscopy, outpatient is not medically necessary.