

<b>Case Number:</b>	CM15-0188465		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/27/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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(n) 42 year old female, who sustained an industrial injury on 4-27-05. The injured worker was diagnosed as having right-sided lumbar facet syndrome and L4-L5 and L5- S1 disc degeneration. The physical exam (6-10-15 through 8-10-15) revealed 7-9 out of 10 pain with medications, flexion 80% restricted and extension 90% restricted. Treatment to date has included physical therapy (number of sessions not provided), "multiple injections and rhizotomies" (date of services not provided), a lumbar MRI on 9-29-14 showing L4-L5 annular disc bulge and L5-S1 minimal annular disc bulge and an EMG on 5-15-15 with normal results. Current medications include Flexeril, Neurontin, Percocet, Ibuprofen and Acyclovir. As of the PR2 dated 9-4-15, the injured worker reports pain in her lower back. Objective findings include lumbar flexion is 75 degrees, extension is 10 degrees and tenderness to palpation of the right facet joints at the lumbosacral junction. The treating physician requested a right permanent lumbar facet injection (AKA radiofrequency ablation) at L4-L5 and L5-S1. The Utilization Review dated 9-16-15, non-certified the request for a right permanent lumbar facet injection (AKA radiofrequency ablation) at L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right permanent lumbar facet injection (AKA radiofrequency ablation) at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** Regarding the request for Right permanent lumbar facet injection (AKA radiofrequency ablation) at L4-L5 and L5-S1, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 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. Within the documentation available for review, the requesting physician in the appeal does not deny the lack of documented: improved VAS scores, decreased medications, and documented improvement in function after the last radiofrequency ablation in the 8 months of medical records that follow that procedure. Unfortunately, there is no documentation of objective functional improvement as a result of the last neurotomy. Furthermore, there is no indication of the amount of decreased medication use and the duration of the decreased medication use from the last radiofrequency ablation. Finally, the medical records available for review do not corroborate the 90% improvement for 8 months claim from the last radiofrequency ablation. In the absence of clarity regarding these issues, the currently requested Right permanent lumbar facet injection (AKA radiofrequency ablation) at L4-L5 and L5-S1 is not medically necessary.