

<b>Case Number:</b>	CM15-0188639		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/21/2015
<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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old male, who sustained an industrial injury on 12-21-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis, lumbar facet syndrome status post medial branch diagnostic nerve injection, and lumbar disc bulge at L5-S1 with disc desiccation. On 8-6-2015, the injured worker reported chronic low back pain. The Primary Treating Physician's report dated 8-6-2015, noted the injured worker status post a diagnostic L5-S1 medial branch nerve injection on 6-15-2015 with 100% pain relief in the low back for 3 days and then returned, with the injured worker rating his pain as 6 out of 10. Medication use was noted to have decreased by approximately 90% with functional ability mildly increased with increase in activity level and endurance during that time. The physical examination was noted to show range of motion (ROM) caused increased pain with extension, positive compression test at bilateral L5 with increased pain, decreased heel-toe walk secondary to low back pain, and negative straight leg raise and intact sensation. A MRI was noted to show L5-S1 disc desiccation with herniated nucleus pulposus (HNP) and facet arthropathy. Prior treatments have included physical therapy, and a 1-5-2015 lumbar transforaminal injection with 20% pain relief in low back and 80% relief in legs. The treatment plan was noted to include an appeal for a radiofrequency ablation of L5-S1, continued Voltaren, and continued the home exercise program (HEP). The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 7-28-2015, requested radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection #1 and follow-up visit related to radiofrequency ablation bilateral L5-S1 facet medial branch

nerve injection #1. The Utilization Review (UR) dated 8-21-2015, non-certified the request for radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection #1 and follow-up visit related to radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection #1.

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

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

#### **Radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection #1: 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), Low Back - Facet joint radiofrequency neurotomy; 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, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** Per MTUS ACOEM, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Per ODG with regard to facet joint radiofrequency neurotomy: "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (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. Per the documentation submitted for review, it was noted that the injured worker underwent diagnostic bilateral L5-S1 facet medial branch injections on 6/15/15. These injections were performed with Marcaine as well as steroid preparation Depo-Medrol. The injured worker reported 100% pain relief for 3 days, and then returned rating pain 6/10. Per the ODG guidelines regarding diagnostic blocks, "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." As the medial branch block that was performed used steroid, it does not meet the diagnostic criteria. Furthermore, the injured worker has radiculopathy which was treated with TFESI 1/5/15. The request is not medically necessary.

**Follow-up visit related to radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. As the requested radiofrequency ablation was not medically necessary, follow up is not medically necessary.