

<b>Case Number:</b>	CM15-0189178		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 69-year-old male, with a reported date of injury of 09-29-2012. The diagnoses include low back pain, and low extremity L4-5 and L5-S1 radiculopathy. Treatments and evaluation to date have included Aleve, L5-S1 bilateral transforaminal epidural injections, physical therapy, Hydrocodone, and over-the-counter anti-inflammatory medications. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-09-2015 indicates that the injured worker had a history of bilateral L4-5 and L5-S1 radiculopathy and facet pain at the bilateral L4-5 and L5-S1 due to facet arthropathy. The injured worker reported that he had not had pain three days following the bilateral transforaminal epidural injections to the L5-S1 facets, but had pain at the level where the facet injections were not administered. On 05-11-2015, it was noted that the injured worker had 100% symptomatic relief from his low back pain after having a L3-4 through L5-S1 facet joint diagnostic injection series. The treating physician noted that the injured worker was a candidate for radiofrequency ablation of bilateral L4-L5 and L5-S1. The objective findings include no pain to palpation of the paralumbar muscles; pain to palpation at the bilateral L4-5 and L5-S1 facets; more pain with extension and flexion; extension at 20 degrees; lateral bending to the left and right at 15 degrees; decreased sensation along the L5-S1 dermatomes; and deep tendon reflexes at L4 and S1 were 2+ and 2+. The injured worker status was noted as normal work activities. The request for authorization was dated 09-17-2015. The treating physician requested radiofrequency ablation at L4-5 and L5-S1. On 09-25-2015, Utilization Review (UR) non-certified the request for radiofrequency ablation at L4-5 and L5-S1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Radiofrequency ablation at the L5-S1: 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The patient has undergone medial branch blocks with reported 100% relief; however, duration was not identified now with request for RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported chiropractic treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for stenosis s/p lumbar epidural injections. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The Radiofrequency ablation at the L5-S1 is not medically necessary or appropriate.

### **Radiofrequency ablation at the L4-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 (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The patient has undergone medial branch blocks with reported 100% relief; however, duration was not identified now with request for RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported chiropractic treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for stenosis s/p lumbar epidural injections. There is no documented ADL

limitations documented, no updated imaging study confirming diagnoses presented. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The Radiofrequency ablation at the L4-L5 is not medically necessary or appropriate.