MAXIMUS Federal Services

| Case Number: | CM15-0199603 | | |
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| Date Assigned: | 10/14/2015 | Date of Injury: | 05/07/2013 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/11/2015 |

## 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 51 year old female who sustained an industrial injury on 5-7-13. The medical records indicate that the injured worker is being treated for cervical sprain-strain, rule out intradiscal disc disruption; rule out cervical radiculopathy, C6,and C7 dermatomes; carpal tunnel syndrome, more on the right; chronic pain syndrome with repetitive trauma to the hands; lumbar degenerative disc disease with disc bulging at L3-4, L4-5, L5-S1 with bilateral neural foraminal narrowing; bilateral facet arthropathy L3-4, L4-5, L5-S1, more on the right; lumbar radiculopathy bilaterally, L4, L5, and S1 dermatomes; right shoulder supraspinatus tendonitis with acromioclavicular joint arthropathy and bursitis. She currently (4-16-15) complains of constant low back pain radiating to bilateral lower extremities; bilateral leg pain with tingling and numbness. On physical exam of the cervical spine there was decreased range of motion, pain on the facets of C2 to C6, right greater occipital nerve area tender and paramuscular spasms, pain on C5to C7, positive foraminal compression on the right, positive Spurling's test on the right, tenderness on facets T1 to T3 bilaterally, decreased sensation in the dermatomes of C5, C6, C7, more on the right; lumbar spine reveals increased pain throughout the lower back over the facets, midline and paravertebral musculature, decreased range of motion, positive straight leg raise on the left at 50 degrees in the sitting position and positive right at 70 degrees in the sitting position, dermatomal changes are still mostly present at L4-5 on the left. She uses Ultracet for pain with temporary relief; Nortriptyline for insomnia and Pantoprazole for gastritis. She has a second lumbar epidural which did not give much if any relief. Diagnostics were not present. The request for authorization was not present. On 9-28-15 Utilization Review non-certified the request for left lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy L4-5, L5-S1 medial branches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluroscopy L4-5, L5-S1 medial branches:** 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 chapter, Facet joint radiofrequncy.

**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. The documentation submitted for review did not contain evidence of successful diagnostic block indicating facet joint pain. Absent such, the request is not medically necessary. Additionally, the medical records note radiculopathy.