

<b>Case Number:</b>	CM15-0201164		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old female who sustained an industrial injury October 20, 2011. Past history included lumbar spine surgery and cervical fusion C5, C6, C7 December 2013, and hypertension. Diagnoses are radiculopathy thoracic or lumbosacral; muscle spasms; chronic degenerative disc disease; chronic cervical radiculopathy; chronic pain syndrome; chronic sacroiliitis. According to a primary treating physician's progress report dated August 31, 2015, the injured worker presented with complaints of persistent lower back and neck pain. The pain radiates to the left ankle, right ankle, left arm, right arm, and right thigh and is described as localized, numbness and piercing. She rated her pain 9 out of 10 without medication and in the last month, she rated the interference of pain as 6 out of 10, in carrying out daily activities. Current medication included Zocor, aspirin, Toprol, Cymbalta, and Atenolol. Physical examination revealed; right and left wrist- active painful range of motion (ordered bilateral carpal tunnel syndrome braces); cervical active painful range of motion, crepitus present, maximum tenderness: trapezius, pericervical, facet normal, pain with facet loading maneuvers; lumbar- gait normal, spasm mild, paraspinal facet tenderness, Patrick's (Faber) right positive, straight leg raise right and left negative; neurovascular upper extremities: median nerve compression right and left positive Tinel's right and left positive. To date she has been attending physical therapy(once a week) which has been helpful and is cycling and performing strengthening exercised and reports her pain is reduced to a 4-5 out of 10. She is performing home exercises and stretching and has three more physical therapy sessions to complete. The physician documented she received a sacroiliac joint injection March 2, 2015, with 50% relief

but developed a flare after cleaning. At issue, is the request for authorization dated August 31, 2015, for a radiofrequency ablation L5, S1, S2, and S3. According to utilization review dated October 6, 2015, the request for Radiofrequency Ablation L5, S1, S2, S3, Quantity: 1 is non-certified.

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

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

#### **Radiofrequency ablation L5, S1, S2 and S3: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Criteria for use of facet joint radiofrequency neurotomy: (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. In this case the injured worker is being treated for low back pain but has not had facet joint diagnostic blocks with documented percentage of relief. In addition the request is for four different levels which is not recommended in the guidelines. Therefore the criteria set forth in the guidelines has not been met and the request is therefore not medically necessary.