

<b>Case Number:</b>	CM15-0208275		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/29/2004
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 36-year-old male, with a reported date of injury of 09-29-2004. The diagnoses include lumbar postlaminectomy syndrome, disorders of the sacrum, unspecified thoracic and lumbar neuritis and radiculitis, and lumbosacral spondylosis. The progress report dated 09-23-2015 indicates that the injured worker complained of low back pain, which was rated 6 out of 10. On 08-31-2015, the injured worker rated his pain 5 out of 10; 10 out of 10 without medications; and 8 out of 10 with medications. It was noted that medication improved his condition. The pain was increased by sitting, standing, walking, and doing anything. The physical examination showed decreased range of motion in the lumbo-thoracic spine in all planes; tenderness to palpation of the lumbar paraspinous area; a lumbar surgical scar noted; positive spasm in the lumbar spine; tenderness to palpation of the left lumbar facets joints L3-L5; positive bilateral straight leg raise; and bilateral lumbar radicular signs. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included SI (sacroiliac) joint injections (helped), Oxycodone, Oxycontin, lumbar spine surgery, Tizanidine, and Baclofen. The treating physician requested outpatient fluoroscopy-guided radiofrequency ablation at left L3, L4, and L5 to help with spondylosis pain. The treating physician indicates that there was facet tenderness and an unsteady gait; and an injection in the past helped more than 50%. On 10-13-2015, Utilization Review (UR) non-certified the request for outpatient fluoroscopy-guided radiofrequency ablation at left L3, L4, and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Outpatient fluoroscopy guided radiofrequency ablation at left L3, 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).

**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 medical records submitted for review, it is noted that the injured worker previously received this procedure at the same levels in 1/2015 with "excellent, 50% plus relief." Per progress report dated 8/31/15, it was noted that pain was beginning to return. Per the citation above, no more than two joint levels are to be performed at one time, as such, the requested three levels is not appropriate. Medical necessity cannot be affirmed. The request is not medically necessary.