

<b>Case Number:</b>	CM15-0210789		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female with a date of industrial injury 9-12-2014. The medical records indicated the injured worker (IW) was treated for lumbar facet joint pain L4-L5, L5-S1; lumbar degenerative disc disease; lumbar facet joint arthropathy; chronic low back pain; right lumbar facet joint arthropathy-facet joint pain; lumbar stenosis; lumbar sprain-strain; right sacroiliac joint pain; right thoracic sprain-strain; and left thumb pain. In the 8-25-15 and 9-22-15 progress notes, the IW reported low back pain (worse on the right), with right buttock and right posterior thigh pain. She also had complaints of left thumb pain and numbness. Diagnostic bilateral L4- L5 and L5-S1 medial branch blocks provided 70% improvement. On examination (7-28-15, 8- 25-15 and 9-22-15 notes), there was tenderness to palpation of the right thoracic and lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints. Peripheral pulses were 2+ bilaterally. Lumbar ranges of motion were restricted in all directions by pain; extension was worse than flexion. Lumbar discogenic provocative maneuvers were positive bilaterally. Sacroiliac provocative maneuvers were positive on the right and negative on the left. Muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Clonus, Babinski's and Hoffmann's signs were absent bilaterally. Muscle strength was 5 out of 5 in all limbs. Range of motion of the right knee was painful and decreased. Sensation was intact in all limbs. Heel, toe and tandem walking were within normal limits. Treatments included diagnostic bilateral L4-L5 and L5-S1 medial branch blocks (9-10-15); physical therapy, water therapy, chiropractic treatment and medications (Ultram, Nabumetone and Cyclobenzaprine). In the 7-28-15 notes, the provider reported the results of the 1-4-15 lumbar spine MRI which were: central disc herniation at L4-L5, 3 mm, degenerative disc disease and facet joint arthropathy; the report was not submitted. The patient sustained the injury due to slip and fall incident

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically- guided bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th annual edition) 2015, Low Back - Lumbar & Thoracic (Acute & Chronic ); Advanced Pain Management and Rehab.

**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 (updated 12/02/15), Facet joint radiofrequency neurotomy, Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections), Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy "Under study. 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). (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." As per cited guideline there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy which was not specified in the records provided. The patient has received an unspecified number of the PT visits conservative treatment for this injury till date. The detailed response of the PT visits was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Fluoroscopically- guided bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation is not fully established for this patient. The request is not medically necessary.