

<b>Case Number:</b>	CM15-0218256		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	06/10/2004
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 45 year old male who sustained an industrial injury on 6-10-04. A review of the medical records indicates he is undergoing treatment for failed lumbar surgery, low back pain, lumbar disc pain, lumbar facet pain, myofascial pain, chronic pain syndrome, sacroiliac joint pain, possible lumbar radiculitis, depression, and anxiety. Medical records (4-13-15, 7-8-15, 8-5-15, 9-2-15, and 9-30-15) indicate ongoing complaints of aching low back and buttock pain. He has also complained of muscle spasms (8-5-15). He has rated his pain "8-9 out of 10" without medications and "3-5 out of 10" with medications. The 9-30-15 record indicates that his pain is "worse" since his previous appointment. The physical exam (9-30-15) reveals tenderness over the lumbar paraspinal muscles and over the lumbar facet joints. Pain is noted with lumbar flexion and extension. The straight leg raise causes buttock pain. The sacroiliac joints are tender to palpation bilaterally. Motor strength is noted to be "5 out of 5" in all planes tested. Sensation is noted to be "intact" in the lower extremities. His gait is noted to be "slightly" antalgic. Diagnostic studies have included x-rays of the sacroiliac joint and an EMG- NCV study of bilateral lower extremities. Treatment has included bilateral L4 and L5 medial branch blocks, medications, physical therapy, a home exercise program, use of ice and heat, and lumbar epidural steroid injections. The injured worker is not working. The records indicate that he was scheduled for a lumbar facet injection on 9-1-15, but was unable to present for the appointment due to a lack of transportation. Treatment recommendations include L4-5 radiofrequency ablation. The utilization review (10-8-15) includes a request for authorization of L4-5 radiofrequency ablation. The request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 radio frequency ablation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

**Decision rationale:** Based on the 10/5/15 progress report provided by the treating physician, this patient presents with low back pain worsened with any range of motion and lying down, pain rated 4-5/10. The treater has asked for L4-5 radio frequency ablation on 10/5/15. The patient's diagnosis per request for authorization dated 10/5/15 is postlaminectomy syndrome. The patient is s/p a second L5-S1 facet joint injection which reduced his pain from 4-5/10 to 0/10 for about a day per 10/5/15 report. The patient is currently having no problems with balance, gait, or coordination and has no changes in bowel/bladder function as of 10/5/15 report. The patient is s/p L5-S1 disc replacement (anteriorly placed prosthetic device) of unspecified date, and unspecified right finger surgery per 10/5/15 report. The patient is seen through the VA for depression, and is taking Seroquel and Despiramine per 9/2/15 report. The patient is currently not working per 9/2/15 report. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: 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 years 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. For facet joint pain signs and symptoms, ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Per requesting report dated 10/5/15, two separate facet joint injections at this level were positive for symptom relief and reduction. Next [in] treatment would be radiofrequency ablation he would like to proceed with RFA. The patient continues to have facetogenic low back pain related

to his anteriorly placed prosthetic device at the L5-S1 level per 10/5/15 report. Physical exam of the lumbar spine on 10/5/15 revealed tenderness to palpation at the lumbosacral region with moderately decreased range of motion, sensation intact in bilateral lower extremities, deep tendon reflexes symmetrical/normal, and no focal motor deficits. Utilization review letter dated 10/8/15 denied the request as the recent MBB at L4-5 does not contain a pain diary, which evidences requisite amount of pain reduction. However, per report dated 9/17/15, there is documentation that the patient had his second facet joint injection which reduced low back pain from 4-5/10 to 0/10 which lasted a day. The requested radio frequency ablation at L4-5 appears reasonable and within ODG guidelines. Hence, the request is medically necessary.