

<b>Case Number:</b>	CM15-0219441		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/23/2003
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 78 year old male with an industrial injury date of 06-23-2003. Medical record review indicates he is being treated for status post lumbar 4-sacral 1 fusion with hardware removal and adjacent disc disease at lumbar 3-lumbar 4 with moderate central narrowing, chronic pain, history of cerebrovascular accident, hypertension, lumbar myofascial pain and bilateral sacroiliac joint dysfunction. Subjective complaints (10-12-2015) included low back pain. The injured worker rated his pain as 6 out of 10. Documentation noted the injured worker had a 30-minute sitting, standing and walking tolerance. The treating physician noted the injured worker had excellent relief from sacroiliac joint injections. Medications (10-12-2015) included Morphine ER, Lexapro and Terocin patches. Prior treatment included medications, sacroiliac joint injection, medial branch blocks, and bilateral lumbar 3-lumbar 5 radio -frequency ablation. In the 05-15-2015, treatment note the treating physician noted: "He is improved from bilateral lumbar 3 through lumbar 5 radiofrequency ablation." In the 07-10-2015 note, the treating physician noted: "He did not have improvement from lumbar facet radiofrequency ablation." Objective findings (10-12-2015) noted tenderness over the bilateral sacroiliac joints, positive bilateral Patrick and Fabere maneuver and positive bilateral sacroiliac joint compression test. On 10-15-2015, the request for bilateral lumbar 5, sacral 1, sacral 2, sacral 3 and sacral 4 medial and lateral branch radiofrequency ablation was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 and S1 and S2 and S3 and S4 Medial and Lateral Branch  
Radiofrequency Ablation: 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, the injured worker underwent sacroiliac joint injections 8/25/15 and reported relief lasting approximately six weeks with more than 50% pain relief, he recalled nearly 100% pain relief the day of the injection. However, per the citation above, no more than 2 joint levels are to be performed at one time. As the request is in excess of the guidelines, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.