

<b>Case Number:</b>	CM15-0035286		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	04/18/2003
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 69 year old male, who sustained an industrial injury on 4/18/2003. The current diagnoses are chronic pain syndrome, post laminectomy syndrome, degenerative disc disease of the lumbar spine, lumbosacral neuritis, and depressive disorder. Currently, the injured worker complains of low back and left leg pain. The pain is described as aching, burning, numbness, sharp, and shooting. The pain is rated 7/10 on a subjective pain scale. Current medications are Fentanyl, Norco, Mirapex, Seroquel, Cymbalta, Celebrex, and Lidoderm. The physical examination of the lumbar spine reveals tenderness to palpation. Straight leg raise test is positive on the right. Range of motion is restricted. Treatment to date has included medications, ice/heat, physical therapy, home exercise program, TENS unit, epidural/facet joint injections, spinal cord stimulator, and surgery times 2. The treating physician is requesting bilateral radiofrequency thermal coagulation (RFTC) at L2, L3 and L4 level, which is now under review. On 2/13/2015, Utilization Review had non-certified a request for one bilateral radiofrequency thermal coagulation (RFTC) at L2, L3 and L4 level. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral Radiofrequency Thermal Coagulation (RFTC) at the L2,L3 and L4 level:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint blocks, Radiofrequency ablation.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one bilateral radiofrequency thermal coagulation at L2, L3 and L4 levels are not medically necessary. The ACOEM states there is good quality medical literature demonstrating radiofrequency neurotomy of fact the joint nerves cervical spine provides good temporary relief. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomies provide mixed results. The criteria for radiofrequency ablation include; treatment requires a diagnosis of facet joint pain using a median branch block; while repeat neurotomy may be required they should not occur at an interval of less than six 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 greater than or equal to 50%; no more than two joint levels are to be performed at one time; there should be no evidence of radicular pain, spinal stenosis or previous fusion; there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the injured worker's working diagnoses are chronic pain syndrome; depressive disorder; post laminectomy syndrome lumbar; lumbar/lumbosacral disc degeneration; lumbosacral neuritis; and spinal fusion L3 - L4 and L4 - L5. Prior lumbar spinal fusion is a contraindication to radiofrequency ablation at the level of the spinal fusion. A qualified medical examination (QME) dated November 1, 2012 shows the injured worker had a spinal fusion at L3 - L4 and L4 - L5. Consequently, the injured worker has clinical documentation of a prior spinal fusion lumbar at L3 - L4 and L4 - L5 and, as a result, one bilateral radiofrequency thermal coagulation at L2, L3 and L4 levels are not medically necessary.