

<b>Case Number:</b>	CM15-0035669		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/27/2015
<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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 33 year old who sustained an industrial related injury on 2/11/08. The injured worker had complaints of low back pain. Diagnoses included status post fluoroscopically guided bilateral sacroiliac joint radiofrequency nerve ablation, bilateral sacroiliac joint pain, bilateral L3-4 lumbar facet joint pain, lumbar facet joint arthropathy, lumbar sprain/strain, and depression secondary to chronic industrial low back pain. Treatment included bilateral L2-3 medial branch block of bilateral L3-4 facet joints and L3-4 artificial disc replacement, and L4-S1 fusion. Medications included Motrin, Trazodone, and Voltaren gel. The treating physician requested authorization for repeat fluoroscopically guided bilateral L2-3 and L3-4 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). The utilization review physician cited the Official Disability Guidelines and noted performing injections at the level of a fusion are contraindicated. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Fluoroscopically-Guided Bilateral L3-3 and Bilateral L3-4 Facet Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** ODG 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 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." The treating physician has provided medical documentation to meet the above guidelines. As such, the request for Repeat Fluoroscopically-Guided Bilateral L3-3 and Bilateral L3-4 Facet Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy) is medically necessary.