

<b>Case Number:</b>	CM15-0056361		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/06/2008
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 41 year old male who sustained an industrial injury on October 6, 2008. The most recent treatment includes a lumbar epidural steroid injection (ESI) on November 4, 2014 with significant relief and radiofrequency ablation at L4-L5 bilaterally on May 19, 2014. The injured worker is status post a lumbar fusion (no date documented). The injured worker was diagnosed with lumbosacral spondylosis without myelopathy, degenerative lumbar disc disease, thoracic or lumbosacral neuritis or radiculitis, postlaminectomy syndrome, lumbago and depressive disorder. According to the treating physician's progress report on February 19, 2015, the injured worker continues to experience increasing pain in the lower back, left lower extremity and recently to the right lower extremity. Examination of the lumbar spine demonstrated tenderness to palpation over the lumbar facets bilaterally with positive facet loading on the left, bilateral paravertebral muscle spasm and positive straight leg raise on the left and negative on the right. There was decreased range of motion with pain and decreased bilateral patellar reflexes. Current medications are listed as Norco, Tramadol ER, Zanaflex, Valium, Fexmid and Naproxen. Treatment plan consists of ice and moist heat, medications, home exercise program; re-establish psychological visits and the current request for Radiofrequency Thermocoagulation to L4-L5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Interventional Radiology FRTC at bilateral L4, L5: 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 Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter under : Neurolysis: Adhesiolysis, percutaneous Official disability guidelines Low Back-Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

**Decision rationale:** Based on the 02/19/15 progress report provided by treating physician, the patient presents with pain to low back and bilateral lower extremities, rated 3/10. 03/19/15 progress report states The request is for INTERVENTIONAL RADIOLOGY FRTC AT BILATERAL L4, L5. The patient is status post laminectomy, date unspecified. Patient's diagnosis per Request for Authorization form dated 02/19/15 includes lumbar spondylosis, radiculopathy and degenerative disc disease. Patient medications include Tramadol, Norco and Tizanidine. Patient is on home exercise program. Work status not available. ODG-TWC, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter under: Neurolysis: Adhesiolysis, percutaneous section states: "Not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature)." ODG, 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 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. Per progress report dated 02/19/15, patient is status post RF at bilateral L4,5 06/19/13, with significant improvement of 70%; status post lumbar ESI 07/07/14 with reported 50% improvement; and status post radiofrequency ablations "at bilateral L4 and L5 on 05/19/14, with relief of lower back pain in past." Treater continues to state that the patient "reports significant relief from a lumbar epidural at bilateral L4-5 on 11/04/14. He is able to walk longer and bend easier...Pt reports he is able to decrease his medications after his epidural." Physical examination on 02/19/15 revealed tenderness to palpation over bilateral lumbar facets. In this case, treater has discussed facet joint pain and documented improvement with prior radio frequency ablations to requested levels. Given patient's positive response, a repeat rhizotomy would appear to be indicated. However, ODG allows for repeat radiofrequency neurotomy when there is at least 12 weeks of 50% or more pain relief, which treater has not documented for RF ablation procedure on 05/19/14. Furthermore, the patient has a diagnosis of radiculopathy. Facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. The patient has a diagnosis of radiculopathy and physical exam on 02/19/15 revealed diminished sensation on L5 distribution. This request for repeat radiofrequency

ablation is not in accordance with guidelines and cannot be substantiated. Therefore, the request IS NOT medically necessary.