

<b>Case Number:</b>	CM15-0088748		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 66 year old female, who sustained an industrial injury on October 20, 2010. She reported falling injuring her knees, legs, and hands bilaterally. The injured worker was diagnosed as having lumbar radiculopathy, degenerative thoracic/thoracolumbar intervertebral disc, and lumbosacral spondylosis without myelopathy. Treatment to date has included massage, physical therapy, chiropractic treatments, MBB, RFA, epidural injections, x-rays, MRI, electromyography (EMG), thumb repair, total knee replacements, home exercise program (HEP), and medication. Currently, the injured worker complains of chronic severe pain of the lower extremity, including her left foot, knee, and hip, radiating down the left leg to the foot with tingling, weakness, and numbness, and low back pain. The Primary Treating Physician's report dated April 10, 2015, noted a lumbar MRI from November 2014, which showed multilevel degenerative disc disease with severe facet osteoarthritis. The injured worker was noted to have had a great response from previous medial branch blocks (MBB) and radio frequency ablation (RFA) from the previous year of greater than 60-70% relief. The injured worker's pain score was 10/10 without medications and 6/10 with medications. The medications prescribed were noted to keep the injured worker functional without side effects. The injured worker's current medications were listed as Norco, tramadol HCL, Tizanidine HCL, Cytomel, Synthroid, Diovan, and Atenolol. Physical examination was noted to show tenderness to palpation of the paraspinals left buttocks, low back, inside groin, anterior lateral side of knees bilaterally, and the top and pad of her left foot with numbness and tingling pain, and increased pain with external and internal rotation of the hip. The treatment plan was noted to include requests for authorization for

discontinuation of Norco and Tramadol, trial of Percocet, repeat RFA MB left L3-L4 and dorsal ramus left L5, and a seven view flexion/extension lumbar x-rays to further evaluate the anterolisthesis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left (lumbar) L3-L4 and Dorsal Ramus Left L5 RFA (radio frequency ablation) MB (medial branch):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Facet joint radiofrequency neurotomy.

**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 medical records fail to document when this patient has received the previous MBB, the percentage of improvement and duration of benefit. As such, the request for Left (lumbar) L3-4 and Dorsal Ramus Left L5 RFA (radio frequency ablation) MB (medial branch) is not medically necessary.