

<b>Case Number:</b>	CM15-0241239		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 35 year-old female with a date of industrial injury 12-12-2014. The medical records indicated the injured worker (IW) was treated for other intervertebral disc degeneration, lumbosacral region, dorsalgia: unspecified, muscle spasm of back, and unspecified inflammatory spondylopathy: lumbar region. In the progress notes (11-20-15), the IW reported back pain radiating down both legs rated 6 out of 10 without medications. On examination (11-20-15 notes), there was pain at end ranges of flexion and extension. Facet loading was positive bilaterally. Motor strength was 5 out of 5 bilaterally in the lower extremities. Deep tendon reflexes were 1 out of 4 bilaterally at the knees and ankles. No sensory deficits were noted. Babinski sign and ankle clonus were negative. Treatments included Relafen and Percocet, physical therapy, TENS and acupuncture and lumbar medial branch blocks. X-rays of the lumbar spine on 5-29-15 showed minor spondylosis. MRI of the lumbar spine on 6-19-15 showed minimal disc disease and hypertrophic facet degenerative changes and congenitally short pedicles which contributed to foraminal narrowing. The IW was working regular duty. Lumbar medial branch nerve blocks were performed on 10-28-15 at the bilateral L3 through L5 levels plus the sacral ala, for a total of eight branches. A Request for Authorization was received for one bilateral lumbar radiofrequency at L4-L5 and L5-S1. The Utilization Review on 11-28-15 non-certified the request for one bilateral lumbar radiofrequency at L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral lumbar radiofrequency at bilateral L4-L5 and L5-S1: 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) Back, Radiofrequency Ablation.

**Decision rationale:** This claimant was injured in 2014. There was pain in the back at the end ranges of flexion and extension. Facet loading was positive bilaterally. The injured worker was working regular duty. Previous medial branch blocks were done on October 28, 2015. The objective functional improvements out of those blocks is not listed. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding facet joint radiofrequency ablation, the ODG guides note: Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. 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. In this case, the benefit in regards to the objective, functional improvement out of the medial branch blocks is unclear. There is no documented improvement in VAS score, specifics in regards to decreased medications, or functional improvements documented. The request is not medically necessary.