

<b>Case Number:</b>	CM14-0115804		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/02/2001
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 62-year-old female who has submitted a claim for lumbosacral spondylosis without myelopathy, lumbar disc disorder, and pain, low back associated with an industrial injury date of 06/02/2001. Medical records from 03/06/2013 to 08/27/2014 were reviewed and showed that patient complained of shooting low back pain graded 8/10. Physical examination revealed tenderness over bilateral lumbar paravertebral regions, decreased lumbar ROM with pain upon extension and lateral rotation, intact sensation and strength of lower extremities, and negative SLR tests bilaterally. MRI of the lumbar spine dated 02/13/2014 revealed L4 on L5 Anterolisthesis and L5-S1 disc protrusion with abutment of left L5 nerve root. Treatment to date has included left L4-5, L5-S1 radiofrequency ablation (03/06/2013), right L4-5, L5-S1 radiofrequency ablation (03/22/2013), left L3, L4, L5, S1 medial branch block (03/06/2013), physical therapy, and pain medications. Of note, the patient noted 50% pain relief for less than 3 months from injections. There was no objective documentation of functional improvement from physical therapy. A formal plan of evidence-based conservative care was not discussed. Utilization review dated 06/23/2014 denied the request for medial branch blocks and radiofrequency ablation of medial branch nerves for facet denervation because the guidelines do not recommend medial branch repeat radiofrequency ablation without at least 50% pain reduction for at least 12 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency lesioning L4-5 right side:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 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. In this case, the patient complained of shooting low back pain graded 8/10. Physical findings included normal sensation and strength of lower extremities and negative SLR tests bilaterally. It was noted that the patient had previous right L4-5 radiofrequency ablation (03/22/2013). However, there was no documentation of sustained 50% pain relief for at least 12 weeks as required by the guidelines for repeat RFA. There was no discussion of a formal evidence-based conservative care as adjunct to RFA as well. Therefore, the request for Radiofrequency lesioning L4-5 right side is not medically necessary.

**Radiofrequency lesioning L5- S1 right side:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 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. In this case, the patient complained of shooting low back pain graded 8/10. Physical findings included normal

sensation and strength of lower extremities and negative SLR tests bilaterally. It was noted that the patient had previous right L5-S1 radiofrequency ablation (03/22/2013). However, there was no documentation of sustained 50% pain relief for at least 12 weeks as required by the guidelines for repeat RFA. There was no discussion of a formal evidence-based conservative care as adjunct to RFA as well. Therefore, the request for Radiofrequency lesioning L5-S1 right side is not medically necessary.

**Radiofrequency lesioning L4-5 left side 1 week later: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 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. In this case, the patient complained of shooting low back pain graded 8/10. Physical findings included normal sensation and strength of lower extremities and negative SLR tests bilaterally. It was noted that the patient had previous left L4-L5 radiofrequency ablation (03/06/2013). However, there was no documentation of sustained 50% pain relief for at least 12 weeks as required by the guidelines for repeat RFA. There was no discussion of a formal evidence-based conservative care as adjunct to RFA as well. Therefore, the request for Radiofrequency lesioning L4-L5 left side 1 week later is not medically necessary.

**Radiofrequency lesioning L5- S1 left side one week later: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG criteria for RFA include at least one set of

diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 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. In this case, the patient complained of shooting low back pain graded 8/10. Physical findings included normal sensation and strength of lower extremities and negative SLR tests bilaterally. It was noted that the patient had previous left L5-S1 radiofrequency ablation (03/06/2013). However, there was no documentation of sustained 50% pain relief for at least 12 weeks as required by the guidelines for repeat RFA. There was no discussion of a formal evidence-based conservative care as adjunct to RFA as well. Therefore, the request for Radiofrequency lesioning L5-S1 left side 1 week later is not medically necessary.