

<b>Case Number:</b>	CM14-0121696		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 27-year-old female who has submitted a claim for lumbar facet joint syndrome, chronic pain syndrome, anxiety, depressive disorder, intervertebral disks degenerations, and lumbosacral spondylosis without myelopathy associated with an industrial injury date of 7/18/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of localized low back pain. Patient denied lower extremity weakness and tingling sensation. Aggravating factors included lumbar extension in standing, twisting, and walking, especially downhill. She underwent diagnostic medial branch block on 5/23/2014, resulting to 60% pain relief over 8 weeks. She likewise had improved tolerance to standing and walking after the procedure. Physical exam of the lumbar spine showed tenderness and a forward flexed posture. Lumbar flexion was limited to 30 degrees with pain, and extension was limited to 5 degrees with pain worse than flexion. Lumbar facet loading test was positive bilaterally. Slump test was negative bilaterally. Reflexes and sensory examinations were intact. Treatment to date has included lumbar facet injections on 9/23/2013 (resulting to 60% pain relief for 8 weeks), physical therapy, and medications. Utilization review from 7/8/2014 denied the request for Bilateral L3, L4, L5 radiofrequency neurotomy because patient only reported 60% pain relief from previous diagnostic medial branch block. Moreover, the medical records failed to establish evidence of functional improvement with prior therapeutic facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4, L5 radiofrequency neurotomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** As stated on pages 300-301 of the CA MTUS ACOEM Guidelines, there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. Additionally, ODG states the criteria for use of facet joint radiofrequency neurotomy include: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above, (2) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, (3) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. In this case, patient complained of localized low back pain, without lower extremity weakness and tingling sensation. Aggravating factors included lumbar extension in standing, twisting, and walking, especially downhill. Physical exam of the lumbar spine showed tenderness and a forward flexed posture. Lumbar flexion was limited to 30 degrees with pain, and extension was limited to 5 degrees with pain worse than flexion. Lumbar facet loading test was positive bilaterally. Slump test was negative bilaterally. Reflexes and sensory examinations were intact. Clinical manifestations were consistent with lumbar facet joint syndrome. Patient had failure of conservative management involving physical therapy and intake of medications. She underwent diagnostic medial branch block on 5/23/2014, resulting to 60% pain relief over 8 weeks. She likewise had improved tolerance to standing and walking after the procedure. Treatment plan included continuation of home exercise program, aside from lumbar radiofrequency neurotomy. The criteria for radiofrequency neurotomy of facet joint nerves in the lumbar spine were met. Therefore, the request for Bilateral L3, L4, L5 radiofrequency neurotomy is medically necessary.