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| <b>Case Number:</b>   | CM14-0145394 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 09/06/2012 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 09/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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:

The patient is a 49-year-old male who has submitted a claim for lumbar spondylosis and lumbar degenerative disc disease associated with an industrial injury date of 09/06/2012. Medical records from 06/30/2014 to 08/28/2014 were reviewed and showed that patient complained of persistent low back pain (pain scale grade not specified) with occasional pain into buttock, thighs and legs. Physical examination revealed tenderness over facet joints, pain with lumbar extension, decreased lumbar ROM, hyporeflexia of patellar and Achilles tendons, intact motor and sensory evaluation, and positive SLR tests bilaterally. MRI of the lumbar spine dated 05/27/2014 revealed multilevel annular disc bulges, L3-4 disc protrusion, and no evidence of neural compromise. Of note, a surgical procedure was contemplated (08/27/2014). Treatment to date has included transforaminal bilateral L5-S1 ESI (05/01/2013) with 60% pain relief for unquantified duration, L4-5 and L5-S1 bilateral radiofrequency ablation (10/2013) with unquantified relief for unquantified duration, bilateral transforaminal L5-S1 ESI with excellent relief, acupuncture, physical therapy, HEP, aquatic therapy, and pain medications. Of note, there was no previous L3-4 medial branch block. There was no documentation of functional outcome from physical medicine and pain medications. It is unclear as to whether the patient was participating in a rehabilitation program. Utilization review dated 09/05/2014 denied the request for repeat lumbar radiofrequency ablation bilaterally at L3-4 and L4-5 and fluoroscopy because the duration and extent of pain relief from previous RFA and was not documented. Utilization review dated 09/05/2014 denied the request for L34 medial branch nerve blocks because medial branch nerve blocks should not be performed when a surgical procedure was anticipated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Radiofrequency Ablation, Bilateral L3-4, Quantity 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic

**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 Chapter, 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. In this case, the patient complained of chronic low back pain which prompted request for RFA. The patient's clinical manifestations were not consistent with a focal neurologic deficit to suggest presence of radiculopathy. However, it was noted that there was no previous L3-4 medial branch block. The guidelines recommend diagnostic medial branch blocks with a response of 70% for at least 2 hours with Lidocaine prior to approval of RFA. Furthermore, it is unclear as to whether the patient is actively participating in a rehabilitation program. The guidelines require a rehabilitation program in conjunction with RFA. Therefore, the request for Lumbar Radiofrequency Ablation, Bilateral L3-4, and Quantity 2 is not medically necessary.

**Lumbar Radiofrequency Ablation, Bilateral L4-5, Quantity 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & thoracic

**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 Chapter, 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's clinical manifestations were not consistent with a focal neurologic deficit to suggest presence of radiculopathy. It was noted that the patient underwent previous L4-5 RFA on 10/2013 with unquantified relief for unquantified duration. The guidelines require at least 50% relief for 12 weeks prior to repeat neurotomy. Furthermore, it is unclear as to whether the patient is actively participating in a rehabilitation program. The guidelines require a rehabilitation program in conjunction with RFA. Therefore, the request for Lumbar Radiofrequency Ablation, Bilateral L4-5, and Quantity 2 is not medically necessary.

**Fluoroscopy Quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Fluoroscopic Guidance, Quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Medical Branch Block at the L3-4 level, Quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

**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 Chapter, Facet joint diagnostic blocks (injections)

**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 states that medial branch blocks are not recommended except as a diagnostic tool. There is also minimal evidence for treatment. Criteria

for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. In this case, the patient complained of chronic low back pain which prompted the request for L3-4 medial branch block. The patient's clinical manifestations were not consistent with a focal neurologic deficit to suggest presence of radiculopathy. However, there was no documentation of functional outcome from physical medicine and pain medications to support failure of conservative treatment. Furthermore, a surgical procedure was contemplated as stated on medical records dated 08/27/2014. The guidelines do not recommend diagnostic blocks when a surgery is being anticipated. Therefore, the request for Medical Branch Block at the L3-4 level, Quantity 1 is not medically necessary.