

<b>Case Number:</b>	CM14-0160838		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 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:

According to the records made available for review, this is a 60-year-old male with a 9/30/11 date of injury. At the time (9/9/14) of request for authorization for right radiofrequency lesioning of the medial braches at L3, L4, and L5 level, there is documentation of subjective (low back pain with numbness in the right leg) and objective (tenderness to palpation over the right lumbar paraspinal muscles with tightness, positive straight leg raise on the right, tenderness over the right lumbar facets, positive facet loading on the right, painful restricted lumbar range of motion, and decreased patellar reflexes) findings, current diagnoses (chronic pain syndrome, lumbar disc displacement with radiculitis, degeneration of lumbar disc, and lumbosacral spondylosis without myelopathy), and treatment to date (lumbar medial branch block on 9/5/14 to the right L3, L4, and L5 with 90% improvement, increased functioning, decreased medication use, and decreased VAS pain score to a 3/10; physical therapy, and medications). Medical report identifies a request for lumbar radiofrequency lesioning at lumbar right L3, L4, L5 to address the right L4-5 and L5-S1 facet joints under fluoroscopy guidance, in conjunction with medications and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Radiofrequency Lesioning of the Medial Braches at L3, L4, and L5 level.:**

Overtuned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back, Facet joint radiofrequency neurotomy.

**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 Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar disc displacement with radiculitis, degeneration of lumbar disc, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of at least one set of diagnostic medial branch blocks with a response of 70%. Furthermore, given documentation of a request for lumbar radiofrequency lesioning at lumbar right L3, L4, L5 to address the right L4-5 and L5-S1 facet joints under fluoroscopy guidance, in conjunction with medications and a home exercise program, there is documentation of no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Right Radiofrequency Lesioning of the Medial Braches at L3, L4, and L5 level is medically necessary.