

<b>Case Number:</b>	CM14-0161338		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of April 9, 2003. A utilization review determination dated July 11, 2014 recommends modified certification of lumbar spine bilateral L4-5 and L5-S1 medial branch blocks. Noncertification of the right side medial branch block was recommended as "the associate has done multiple times in the past with no benefit." The left side was recommended for certification. A progress report dated June 30, 2014 identifies subjective complaints of low back pain radiating into the right lower extremity with tingling and numbness. Physical examination findings reveal tenderness noted in the right and left lumbar paravertebral regions at the L4-5 and L5-S1 levels. Extension of the lumbar spine is positive for back pain. Sensation and strength is normal in both lower extremities and the straight leg raising test is negative. Diagnoses include radiculopathy of the lumbar spine, lumbar degenerative disc disease, lumbar spondylosis without myelopathy, and lumbar disc disorder. The treatment plan states that the patient has previously undergone medial branch blocks on July 3, 2008 on the right side which did not provide her with pain relief. On October 23, 2008 facet joint injections were performed on the right side at L2-S1 levels. This did not result in any improvement in pain. On June 4, 2009, the patient underwent medial branch blocks again on the right side at L4-L5 and L5-S1 which resulted in no improvement in pain. The physician states that since the previous medial branch blocks were performed "only on the right side and it is quite likely that she continues to have significant left-sided pain, which do not allow her to truly evaluate whether she had pain relief from the medial branch blocks." A progress report dated July 28, 2014 includes no subjective complaints. The note states "she has anxiety about the upcoming radiofrequency as she states her pain is worse on the right than the left and she does not want to make her good side worse. We encourage her to go forward with the medial branch block to see if this can be helpful for her." A progress report dated September 11, 2014 states that the patient experienced a 90%

reduction in pain as a result of "the procedure." The procedure log states that the patient underwent bilateral medial branch blocks at L4-5 and L5-S1. The note goes on to request bilateral radiofrequency ablation. The treatment goal is to reduce the patient's medication. A progress report dated June 23, 2014 identifies subjective complaints of back pain with radicular symptoms into the right leg. Physical examination reveals "there is right-sided L5 radiculopathy."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Radiofrequency lesioning right side first and then one week later on the left at the L4-5 and L5-S1 levels to include radiological examination and fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

**Decision rationale:** Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, the requesting physician has performed bilateral medial branch blocks (although only the left side was certified) with documentation of 90% reduction in pain. Unfortunately, there is no documentation of functional improvement as a result of those medial branch blocks. Furthermore, there is no indication as to how the blocks were done, and whether sedative medication or opiate pain medication was provided during the injections. Finally, multiple medical reports indicate that the patient has subjective complaints and objective findings of radiculopathy, and guidelines recommend against facet radiofrequency procedures in the presence of ongoing radicular issues. In the absence of clarity regarding his issues, the currently requested Radiofrequency Lesioning is not medically necessary.