

<b>Case Number:</b>	CM14-0024958		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/03/2002
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 injured worker is a 61-year-old male who reported an injury on 02/04/2002 while attempting to apprehend a suspect. Prior treatments included acupuncture, TENS unit, physical therapy, and heat treatments. On 10/07/2010, the injured worker went to see his physician status post a bilateral L4-5 and L5-S1 facet steroid injection. The injured worker reported he had obtained 2 weeks of about 40% pain relief. The injured worker was reporting pain rated 3-5/10 with medications. On 04/05/2012, the injured worker received a bilateral L4 epidural spinal injection with fluoroscopy guidance with greater than 70% pain relief for one year. An MRI of the lumbar spine was reviewed on 05/21/2012 which revealed L4-5 and L5-S1 had a 3 mm generalized bulge with bilateral ligamentum flavum thickening and facet atrophy that contributes to mild to moderate bilateral neural foraminal narrowing. The injured worker was diagnosed with opioid dependency, myofascial pain at trigger points, moderate bilateral neural foraminal stenosis at L4-5 and L5-S1, lumbar spondylosis at L4-5 and L5-S1, spinal enthesopathy. The clinical note dated 11/01/2012 indicated the physician also noted that conservative care had not alleviated the injured worker's complaints. Medication was proven moderately effective to alleviating pain. The injured worker ambulated with an antalgic gait. The injured worker reported he had greater range of motion and is able to perform more of his activities of daily living. The physician was requesting an EFT side L4, L5 radiofrequency ablation with fluoroscopy and a right side L4, L5 radiofrequency ablation with fluoroscopy to be performed 2 weeks after the left side. The physician noted that medications and conservative care had not alleviated the injured worker's complaints of pain and limited range of motion. There was no request for authorization form or rationale submitted for review with these documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EFT SIDE L4,L5 RADIOFREQUENCY ABLATION WITH FLUORO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for eft side l-4, l-5 radiofrequency ablation with fluoro is not medically necessary. The CA MTUS/ACOEM guidelines under low back complaints for radiofrequency neurotomy state there is no recommendation for or against radiofrequency neurotomy for the treatment of select patients with low back pain. There is good quality literature demonstrating radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain using a medial branch block with a response of 70% which should last at least 2 hours for Lidocaine. The guidelines note no more than two joint levels are to be performed at one time and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The injured worker previously received bilateral facet steroid injections which provided 40% pain relief for approximately 2 weeks. There is a lack of documentation indicating a diagnostic facet joint injection was performed. There is also a lack of documentation indicating a formal plan of additional evidence-based conservative care is planned. As such, the request is not medically necessary.

**RIGHT SIDE L4,L5 RADIOFREQUENCY ABLATION WITH FLUORO ( TO BE PERFORMED 2 WEEKS AFTER LEFT SIDE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for right side l4,l5 radiofrequency ablation with fluoro (to be performed 2 weeks after left side) is not medically necessary. The CA MTUS/ACOEM guidelines under low back complaints for radiofrequency neurotomy state there is no recommendation for or against radiofrequency neurotomy for the treatment of select patients with low back pain. There is good quality literature demonstrating radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only

after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain using a medial branch block with a response of 70% which should last at least 2 hours for Lidocaine. The guidelines note no more than two joint levels are to be performed at one time and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The injured worker previously received bilateral facet steroid injections which provided 40% pain relief for approximately 2 weeks. There is a lack of documentation indicating a diagnostic facet joint injection was performed. There is also a lack of documentation indicating a formal plan of additional evidence-based conservative care is planned. As such, the request is not medically necessary.