

<b>Case Number:</b>	CM13-0062164		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/16/1997
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old male, who sustained an industrial injury on October 16, 1997. The initial symptoms reported by the injured worker are unknown. The injured worker was more recently diagnosed as having lumbar spine pain, status post fusion in 1997, status post spinal stimulator in 2004, bilateral radiculopathy and mild thoracic pain. Treatment to date has included surgery and medications. The injured worker was noted to do great for about one and a half years after a radiofrequency ablation. He was also noted to have multiple nerves burned one each side with greater than 70% reduction of his low back pain. On November 5, 2013, the injured worker complained of persistent pain in his bilateral low back. The treatment plan included medications and a repeat lumbar radiofrequency ablation. A request was made for left L2, L3 and L4 dorsal median branch ablation as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L2, L3, and L4 DORSAL median branch ablation as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** With regard to request for lumbar radiofrequency ablation, ACOEM Medical Practice Guidelines, 2nd edition, 2004, Chapter 12 states on page 300-301: "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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." More specific guidelines with regard to radiofrequency ablation can be found in the Official Disability Guidelines specify the following: "Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) 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. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." Within the submitted documentation, the patient has had prior radiofrequency ablation with documented relief. However, the level of these prior treatments were not provided. Furthermore, the guidelines do not support performing radiofrequencies at more than 2 levels at a time. The current request is for 3 levels. As such, the current request is not appropriate and not medically necessary.