

<b>Case Number:</b>	CM14-0212692		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 & Rehabn

### 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 patient sustained an injury on 4/30/2001. Request(s) under consideration include One (1) bilateral permanent lumbar facet injection at L4-5 and L5-S1 under fluoroscopic guidance and IV sedation. Diagnoses include lumbosacral disc degeneration and disc displacement without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient has been deemed permanent and stationary. The patient continues to treat for chronic ongoing symptom complaints. Report of 12/8/14 from the provider noted previous couple of lumbar facet radiofrequency ablation was beneficial with last one performed in 2013 with 8 months pain relief. Symptoms of pain radiating to the left hip with associated numbness in the legs and feet have now returned. Exam showed unchanged chronic findings of restricted lumbar range; tender bilateral facet joint tenderness with pain on loading; spasm and guarding. The patient was s/p disc replacement without benefit. The request(s) for One (1) bilateral permanent lumbar facet injection at L4-5 and L5-S1 under fluoroscopic guidance and IV sedation was non-certified on 12/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral permanent lumbar facet injection at L4-5 and L5-S1 under fluoroscopic guidance and IV sedation:** Upheld

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

**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, Facet joint Radiofrequency neurotomy, pages 420-422.

**Decision rationale:** This patient sustained an injury on 4/30/2001. Request(s) under consideration include One (1) bilateral permanent lumbar facet injection at L4-5 and L5-S1 under fluoroscopic guidance and IV sedation. Diagnoses include lumbosacral disc degeneration and disc displacement without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient has been deemed permanent and stationary. The patient continues to treat for chronic ongoing symptom complaints. Report of 12/8/14 from the provider noted previous couple of lumbar facet radiofrequency ablation was beneficial with last one performed in 2013 with 8 months pain relief. Symptoms of pain radiating to the left hip with associated numbness in the legs and feet have now returned. Exam showed unchanged chronic findings of restricted lumbar range; tender bilateral facet joint tenderness with pain on loading; spasm and guarding. The patient was s/p disc replacement without benefit. The request(s) for One (1) bilateral permanent lumbar facet injection at L4-5 and L5-S1 under fluoroscopic guidance and IV sedation was non-certified on 12/12/14. The patient has undergone previous RFA per the provider with good relief. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure for this P&S injury of 2001. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for disc displacement. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted disc protrusions without evidence for significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria to repeat the permanent injection. The One (1) bilateral permanent lumbar facet injection at L4-5 and L5-S1 under fluoroscopic guidance and IV sedation is not medically necessary and appropriate.