

<b>Case Number:</b>	CM14-0214438		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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:

The patient is a 46 year old male with an injury date of 04/23/04. Based on the 12/04/14 progress report provided by treating physician, the patient complains of worsening flare up of his thoracic and lumbar pain (unrated). Patient is status post bilateral radio frequency ablation to L4-L5, L5-S1 on 01/27/14, status post thoracic ESI T9-T10 on 06/10/14, status post lumbar ESI L5-S1 on 10/17/13. Physical examination 12/04/14 revealed tenderness to palpation to bilateral thoracic paraspinal muscles from T8 to T10, tenderness and spasm to the bilateral lumbar paraspinal muscles at L4 and L5 with noted tenderness to the bilateral sacroiliac joints. Treater notes positive straight leg test bilaterally, right greater than left, positive Patrick's test, and decreased sensation and motor strength bilaterally (right worse than left). The patient is currently prescribed Percocet, MS Contin, Relafen, and Soma. Patient is currently working full time, reports his work has caused exacerbation of his symptoms. Diagnostic imaging was not included with the reports provided. Diagnosis 12/04/14, Degeneration of thoracic or thoracolumbar intervertebral disc, Degeneration of lumbar or lumbosacral intervertebral disc, Displacement of lumbar intervertebral disk without myelopathy, Thoracic and lumbar facet arthropathy. The utilization review determination being challenged is dated 12/15/14. Treatment reports were provided from 05/21/13 to 12/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Radiofrequency rhizotomy at bilateral L4-5: Overturned**

**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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The patient presents with worsening flare up of his thoracic and lumbar pain (unrated). Patient is status post bilateral radio frequency ablation to L4-L5, L5-S1 on 01/27/14, status post thoracic ESI T9-T10 on 06/10/14, status post lumbar ESI L5-S1 on 10/17/13. The request is for pain management radio frequency rhizotomy at bilateral L4-5 quantity 1. Physical examination 12/04/14 revealed tenderness to palpation to bilateral thoracic paraspinal muscles from T8 to T10, tenderness and spasm to the bilateral lumbar paraspinal muscles at L4 and L5 with noted tenderness to the bilateral sacroiliac joints. The Treating physician's notes positive straight leg test bilaterally, right greater than left, positive Patrick's test, and decreased sensation and motor strength bilaterally (right worse than left). The patient is currently prescribed Percocet, MS Contin, Relafen, and Soma. Patient is currently working full time, reports his work has caused exacerbation of his symptoms. Diagnostic imaging was not included with the reports provided. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "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 visual analog scale (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; and (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case, the treating physician is requesting a repeat radiofrequency rhizotomy (RFR) at the L4-5 level, bilaterally. In regards to pain reduction and duration, progress report dated 12/04/14, the treating physician states: "... he is requesting RFR, which helped before... and gave him 70 percent relief for 4 months..." ODG criteria for the use of this procedure indicate that the patient must have a diagnosis of facet joint pain, which he does (facet arthropathy). It indicates that repeat neurotomies must not occur at less than six months apart, the last RFR at this level was on 01/27/14. It also indicates that decreased medication use must also be documented, per 12/04/14 progress note: "he has had his pain medications reduced from #180 to #120..." Additionally, the order specifies just one level, falling within guideline recommendations. Finally, per the same progress note, the physician states: "the patient is also to

return in 1 month to re-evaluate his medication regimen", a documented plan of ongoing conservative care measures. Based on the medical evidence and guidelines, this request is medically necessary.