

<b>Case Number:</b>	CM14-0215204		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female with date of injury 4/22/11. The treating physician report dated 10/14/14 (58) indicates that the patient presents low back and neck pain. The worst pain is in the lower back. The pain remains localized to the low back. The pain is worse with bending, lifting, and twisting. The physical examination findings reveal tenderness in the L4/5 and L5/S1 areas bilaterally. Facet loading is positive for pain in the lower lumbar region. SLR is negative. Sensation is grossly intact. On June 25, 2014, she had a medial branch nerve block in the lumbar area at L4/5, L5/S1 bilaterally. The patient reported 80% relief for more than two hours. She is not currently taking any medications. The plan is to start her on Celebrex 200 p.o. daily as needed. The current work status is unknown. The current diagnoses are: 1. MRI findings of disc protrusions, L3-4, L4-5, L5-S12. Facet arthropathy, L4-5, L5-S1 bilaterally, confirmed by medial branch block A utilization review has apparently denied the request for radiofrequency ablation of the facet joints in the lumbar area on the right side at L4-5 and L5-S1 to be done 2-3 weeks after the radiofrequency ablation on the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation of the facet joints in the lumbar area on the right side at L4-L5 and L5-S1 to be done 2-3 weeks after the radiofrequency ablation on the left side:**

Overtured

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter: Facet joint radiofrequency neurotomy

**Decision rationale:** The patient presents with chronic low back pain. The current request is for radiofrequency ablation of the facet joints in the lumbar area on the right side at L4-5 and L5-S1 to be done 2-3 weeks after the radiofrequency ablation on the left side. The treating physician states the patient had 80% reduction in pain lasting two hours following medial branch block at L4-5 and L5-S1. The MTUS guidelines does not specifically address radiofrequency ablation. The ODG guidelines Low Back Chapter, states, Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Criteria for use include: 1) Treatment requires diagnosis of facet joint pain using a medical branch block as described above. 4) No more than two joint levels are to be performed at one time. In this case a medial branch block at two levels was performed and did provide 80% reduction in the patient's pain. The documentation provided supports medical necessity, and the recommendation is for authorization.