

<b>Case Number:</b>	CM15-0111281		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 47-year-old male, who sustained an industrial injury on 1/27/14. He reported pain in his lower back after lifting a heavy object. The injured worker was diagnosed as having L4-L5 retrolisthesis, L5 pars fracture and chronic low back pain. Treatment to date has included a lumbar MRI on 3/1/14, L4-L5 and L5-S1 facet injections on 6/23/14 with nearly 100% improvement for two weeks, acupuncture with some improvement, Vicodin, and Advil. As of the PR2 dated 5/13/15, the injured worker reports increased low back pain with radiation to the right leg. Objective findings include mild tenderness to palpation across the low back, full range of motion and a negative straight leg raise test. The treating physician requested a bilateral lumbar radiofrequency ablation at L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar radiofrequency ablation L4-5 & L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation 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." In the case of this injured worker, there is documentation of medial branch blocks, but they are different levels than the request RFA. According to a progress note on May 13, 2015, the patient underwent bilateral L3-4, L5-S1 MBB. However, the current request is at L4-5, L5-S1. Without further clarification, the request for radiofrequency ablation is not medically necessary.