

<b>Case Number:</b>	CM15-0115264		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/19/2006
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 50 year old male, who sustained an industrial injury on 10/19/2006. Diagnoses include lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, lumbar post laminectomy syndrome and low back pain/disorder of back/disorder of trunk. Treatment to date has included diagnostics, medications, surgical intervention (anterior lumbar fusion surgeries, undated), radiofrequency neurotomy of medial branch nerves (11/14/2011), spinal cord stimulator implantation and cervical epidural injections. Computed tomography (CT) scan of the neck (undated) showed C5-6 degenerative disc disease. Per the Pain Management Follow-up Report dated 5/07/2015, the injured worker reported severe pain and presented for an urgent evaluation. He reported right shoulder pain with right upper extremity numbness, tingling and weakness. He also reported facet related pain in the low back for which diagnostic facet injections and radiofrequency neurotomy have been helpful in the past. Upon physical examination he is described as being in significant discomfort and tearful at times. He has an antalgic gait and difficulty with heel and toe walk. There was significant spasm of the lumbar and lower thoracic musculature. He had severe pain with posterior extension and lateral tilt, more so on the right. There was significant pain directly over the lower lumbar facet joints. There was referral pain down to the buttocks and lateral thigh. The plan of care included, and authorization was requested, for repeat radiofrequency neurotomy of the medial branch nerves at L3, L4 and L5, the nerves to the right L4-5 and L5-S1 facet joint injections and a urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Radiofrequency neurotomy of the medial branch nerves at L3, L4 and L5: 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** Regarding the request for repeat radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Guidelines go on to state while repeat neurotomies may be required. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. 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. Within the documentation available for review, the physician has documentation of 60% reduction in pain from the last radiofrequency ablation. Unfortunately, there is no documentation of objective functional improvement or decreased medication use as a result of the last radiofrequency ablation. In the absence of clarity regarding his issues, the currently requested radiofrequency lesioning is not medically necessary.

### **The nerves to the right L4-L5 and L5-S1 facet joint injections: 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 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks

(Injections), Facet Joint Medial Branch Blocks (Therapeutic), Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** Regarding the request for the nerves to the right L4/5 and L5/S1 facet joint injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy". Guidelines also state one set of diagnostic medial branch blocks is required before going to radiofrequency ablation and facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Within the documentation available for review, the injured worker has already had a radiofrequency procedure to the requested sites in the past. The physician does not appear to be requesting another block/injection; nevertheless, no rationale for such a request is given since the patient has already had this in the past. Thus the request exceeds guideline recommendation for only one set to be done. In light of the above issues, the currently requested nerves to the right L4/5 and L5/S1 facet joint injections are not medically necessary.