

<b>Case Number:</b>	CM15-0123745		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 69-year-old female who sustained an industrial injury on 3/29/1996 resulting in low back pain. She was diagnosed with lumbosacral spondylosis, degenerative lumbar disease, and lumbar facet arthrosis. Treatment has included bilateral L3, L4 and L5 level radiofrequency ablations every 9 months for several years, from which she has reported excellent pain relief and improved performance of activities of daily living. Previous treatments have also included medication, physical therapy and home exercises which she has reported as being unsuccessful at symptom relief. There is a request for aqua therapy sessions in report dated 3/17/2015 but no documentation of therapy being performed. The injured worker continues to report low back pain. The treating physician's plan of care includes bilateral L4-5 radiofrequency ablations. There is no reference to whether she is working in the provided documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 radiofrequency ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 section, Radio-frequency ablation (RFA).

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral L4 - L5 radiofrequency ablation is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the worker's working diagnoses are lumbosacral spondylosis; degenerative lumbar/lumbosacral IV disc; coccydynia/lumbar facet arthropathy; and lumbalgia. The date of injury is March 29, 1996 (19 years prior). The request for authorization is dated June 23, 2015. According to a June 9, 2015 progress note the injured worker has ongoing low back pain 4-6/10. In a March 17, 2015 progress note, the injured worker had an L5 radiofrequency ablation with excellent relief. The documentation indicates a 50% relief, but there was no duration or timeframe documented in the record. Objectively, the injured worker has a normal gait. There is no neurologic evaluation in the medical record. There is no lumbar spine evaluation in the medical record. Additional documentation indicates the injured worker has had prior L3, L4 and L5 radiofrequency ablations every 9 months for several years. Pain is decreased to 1/10 with an increase in ADLs. Again, there is no documentation as to the duration of pain relief (according to the guideline recommendations). The guidelines state a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The documentation indicates a 50% pain relief, but no duration (at least 12 weeks) is noted. There is no change in the medication prescribed by the treating provider. Consequently, absent clinical documentation according to the guideline recommendations (at least 12 weeks at greater than or equal to 50% relief) with a time duration of pain relief from several radiofrequency ablations every 9 months and clinical documentation with a neurologic evaluation and lumbar spine evaluation, bilateral L4 - L5 radiofrequency ablation is not medically necessary.