

<b>Case Number:</b>	CM15-0127994		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 50 year old female, who sustained an industrial injury on 8/01/2013. She reported acute low back pain with bending and reaching activity. Diagnoses include lumbosacral sprain/strain, lumbar disc disease, radiculitis, and myalgia/myositis, and depression. Treatments to date include medication therapy, acupuncture treatments, TENS unit, and lumbar steroid epidural injections. Currently, she complained of ongoing low back pain with radiation down right leg and new left sided discomfort in the upper back. On 4/15/15, the physical examination documented lumbar tenderness and decreased sensation to right lower extremity. The provider documented prior epidural steroid injections were effective at reducing pain for approximately three months. The plan of care included referring to consulting physician for possible epidural appointment. The appeal request was for injection, possible radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection: possible radiofrequency ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 Injection: possible radiofrequency ablation, it appears that the intended procedures are right L4-5 facet injection/medial branch block and possible radiofrequency ablation. Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG recommends medial branch blocks rather than facet joint injections if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Specific to radiofrequency ablation, ODG cites that there should be at least one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with 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. Within the documentation available for review, the patient has clinical and imaging evidence of radiculopathy. Furthermore, if diagnostic medial branch blocks were to be indicated, facet joint injections are not supported and radiofrequency ablation would be supported only after the patient's response to the medial branch blocks is known and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Injection: possible radiofrequency ablation is not medically necessary.