

<b>Case Number:</b>	CM15-0172490		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

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:

This 47-year-old male sustained an industrial injury on 1-27-14. The injured worker is being treated for degenerative lumbar or lumbosacral intervertebral disc. Treatments to date include MRI testing, injections, an unspecified amount of physical therapy and pain medications including Advil and Vicodin. Nerve conduction testing dated 7-9-15 revealed abnormalities. Per the progress notes, a prior ablation procedure was completed. The injured worker has continued complaints of low back pain with radiation to the right lower extremity. Upon examination, there was mild tenderness in lumbar spine and painful and reduced lumbar range of motion noted. The treating physician made a request for Outpatient radio frequency (RF) ablation of the medial branches, L3-L4-L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient radio frequency (RF) ablation of the medial branches, L3-L4-L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Lumbar & Thoracic (acute & chronic) Chapter.

**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-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines Binder DS. Nampiarampil, DE. The provocative lumbar facet joint. *Curr Rev Musculoskelet Med.* 2009 Mar; 2 (1): 15 -24.

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for low back pain after a lifting injury while working as a chauffeur. On 06/23/14, the claimant underwent bilateral intra-articular L4/5 and L5/S1 intra-articular facet injections with a reported 100% improvement lasting for two weeks. Medial branch blocks at L3, L4, L5, and S1 were performed. Authorization for radiofrequency ablation at these levels was requested. On 10/10/14, the claimant underwent L3, L4, L5, and S1 radiofrequency ablation. When seen in July 2015, physical examination findings included mild lumbar tenderness and pain with extension and rotation. The previous radiofrequency ablation procedure is referenced as having provided newly 100% pain relief lasting for six months. A repeat radiofrequency ablation was requested. Criteria for use of facet joint radiofrequency neurotomy include that no more than two joint levels are performed at one time. In this case, the levels being requested are not appropriate. The medial branch of the dorsal ramus of the nerve exiting at the same level and the medial branch of the nerve one level above innervate the facet joint in the lumbar spine. For example, when considering the L4/L5 facet joint, innervations is supplied by the medial branches originating from the L3 and L4 nerves. The anatomy of the L5/S1 facet joint differs from its lumbar counterparts. The medial branch of L4 and the dorsal ramus of L5 innervate it. The L3, L4, and L5 medial branches innervate the L4/5 and L5/S1 facet joints and the claimant underwent positive intra-articular L4/5 and L5/S1 facet injections. Repeat radiofrequency ablation at the L3, L4, and L5 levels is medically necessary. However, the S1 medial branch / dorsal ramus is being included in this request and for this reason the request that was submitted cannot be accepted as being medically necessary.