

<b>Case Number:</b>	CM15-0064686		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/30/2001
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 male who sustained an industrial injury on 7/30/2001. His diagnoses, and/or impressions, include: lumbar facet arthropathy; lumbar discogenic pain; lumbar stenosis without neurogenic claudication; lumbar degenerative disc disease; lumbar spondylosis without myelopathy; and abnormal posture with mild loss of lumbar lordosis. Current magnetic resonance imaging studies are not noted. His treatments have included modified work duties, medication management, and bilateral lumbosacral nerve radiofrequency ablation, which provided significant relief that, lasted 1 year, as well as functional improvement with activities of daily living. The progress notes of 3/12/2015, noted complaints of moderate aching, burning, shooting and radiating bilateral lower back pain, significantly improved on medication. Also noted were complaints of difficulty with activities of daily living, walking, running, and a loss of range-of-motion. The physician's requests for treatments included a lumbar medical branch radio frequency ablation (rhizotomy). A progress report dated December 20, 2013 identifies subjective complaints of low back pain. The patient's pain is rated as 6-8/10. The patient reports difficulty with activities of daily living. The note indicates that the patient received a left lumbar radiofrequency ablation on September 28, 2013. Medications are recommended to be continued. A progress report dated September 8, 2014 identifies low back pain rated as 6-8/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar medial branch radio frequency ablation (rhizotomy) at bilateral L3, L4 and dorsal root rami:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309, also 9792.20. 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 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. Within the documentation available for review, it is unclear how much relief, functional improvement, and medication reduction was obtained because of previous radiofrequency procedures. Notes following previous radio frequency did not reflect any significant reduction in pain, improvement in physical exam or function, or subsequent reduction in medication use. In the absence of clarity regarding these issues, the currently requested radiofrequency lesioning is not medically necessary.