

<b>Case Number:</b>	CM15-0065504		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 61-year-old man sustained an industrial injury on 6/15/2006. The mechanism of injury is not detailed. Diagnoses include lumbago, facet syndrome, and lumbar post-laminectomy syndrome. Treatment has included oral medications and surgical intervention. Physician notes dated 12/18/2014 show complaints of diffuse low back pain rated 7/10. Recommendations include urine drug screening, bilateral lumbar spine radiofrequency ablation, psychiatric testing, core exercises, Fenoprofen, Omeprazole DR, Orphenadrine, MS Contin, Norco, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right then left L4-L5 radiofrequency ablation:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy, <http://worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Facetjointinjections>.

**Decision rationale:** Neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n = 24, 28). Caution is needed due to the scarcity of high-quality studies. According to ODG guidelines, Facet joint radiofrequency neurotomy "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." Furthermore and according to ODG guidelines, Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case, the patient has had a radiofrequency ablation done over 2 years ago with greater than 50% pain relief; however, there is no evidence that the pain relief was sustained for at least 12 consecutive weeks. Therefore, the request for Right then left L4-L5 radiofrequency ablation is not medically necessary.