

<b>Case Number:</b>	CM15-0065708		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52-year-old female who sustained an industrial injury on 6/16/97. The mechanism of injury was not documented. The 2/11/15 pain management report cited grade 7/10 axial low back pain with severe functional limitations. Prior radiofrequency ablation was reported 11 months prior with 80% relief of concordant axial symptoms for over 8 months. Lumbar facet loading maneuvers on the right do concordantly reproduce her ipsilateral pain complaints. The treatment plan recommended medial branch block at L5/S1 as a confirmatory diagnostic procedure. The 2/23/15 pain management procedure report cited grade 6/10 bilateral back pain with severe functional impairment. Pain was described as aching, burning, gnawing, pins and needles, pressure, sharp, shock-like, sore, stabbing, and throbbing. The diagnosis was lumbar facet syndrome and failed back surgery syndrome. A medial branch block of the left L5 dorsal ramus and S1 accessory branch was performed. In the recovery room she reported pain relief of 80%. She was discharged after an undefined period of time with follow-up scheduled for injections in 2 weeks. The 3/20/15 utilization review non-certified the request for radiofrequency ablation left L5/S1 as there was no documentation of response to the facet block, such as improvement in pain levels, decreased medication usage, functional benefit, and duration of response, and there was limited findings relative to range of motion, positive provocative facet maneuvers, or imaging evidence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation left L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, low back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is 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). Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommend facet joint diagnostic blocks for patients with radicular low back pain, spinal stenosis, or previous fusion. Guideline criteria have not been fully met. This patient presents with axial low back pain that is functionally limiting. There was a positive lumbar facet loading maneuver on the right. There was a report of prior success with radiofrequency ablation consistent with guideline recommendations for repeat injection. The recent medial branch blocks resulted in initial pain reduction of 80%. However, there are very limited records submitted for this 17-year-old injury. The diagnosis at the time of the recent medial branch block noted the patient had failed spinal surgery but the level and procedure is not detailed. There is no evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Therefore, this request is not medically necessary at this time.