

<b>Case Number:</b>	CM15-0069239		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 (IW) is a 42 year old male who sustained an industrial injury on 06/13/2011. He reported pain in the low back. The injured worker was diagnosed as having lumbalgia, degenerative lumbar, opioid type dependence, encounter long term, encounter therapeutic drugs. Treatment to date has included pain control with a pain management specialist who has discussed plans with the worker to administer a lumbar medial block to be followed at a later date by a radiofrequency ablation if the medial block procedure is successful in controlling his pain. Medial branch blocks were noted to provide 60% relief for 8 hours. 1 cc of anesthetic was injected at each level. Discussion of a spine surgery has also been in place and the worker has a pending psych clearance for spine surgery. Currently, the injured worker complains of lumbar back pain and takes Norco, Cymbalta, Zanaflex, and Lidoderm. A Lumbar Medial branch block is scheduled for 01/20/2015 and the following requests for authorization are submitted: Left L4, L5 radiofrequency ablation with fluoroscopy, to be done in office, and Right L4, L5 radiofrequency ablation with fluoroscopy, two weeks later, to be done in office.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4, L5 radiofrequency ablation with fluoroscopy, to be done in office: 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): 301. Decision based on Non-MTUS Citation x 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, CA MTUS and ACOEM cite that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. 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 low back pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate), as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. Within the documentation available for review, the patient did not obtain at least 70% relief and the amount of injectate exceeded the recommendations of the guidelines. In light of the above issues, the currently requested radiofrequency ablation is not medically necessary.

**Right L4, L5 radiofrequency ablation with fluoroscopy, two weeks later, to be done in office:** 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): 301. Decision based on Non-MTUS Citation x 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, CA MTUS and ACOEM cite that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. 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 low back pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate), as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. Within the documentation available for review, the patient did not obtain at least 70% relief and the amount of injectate exceeded the recommendations of the

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