

<b>Case Number:</b>	CM15-0094725		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/15/1981
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 55-year-old female, who sustained an industrial injury on 6/15/81. Initial complaints were noted as strained spine. The injured worker was diagnosed as having lumbar spondylosis with myelopathy; low back pain; myalgia/myositis; cervical intervertebral disc degeneration; chronic thoracic pain; postlaminectomy lumbar syndrome; chronic pain due to trauma; sacroiliitis; depressive disorder. Treatment to date has included status post left-sided partial decompression laminectomy L3-L5 (20010); status post spinal cord stimulator implantation and revision (2011); radiofrequency ablation left L5-S4 (8/8/14); urine drug screening; medications. Currently, the PR-2 notes dated 4/6/15 indicated the injured worker complains of back pain. The provider notes that in addition to a spinal cord stimulator, only the sacral radiofrequency ablations (RFA) seem to be helpful. Her last cervical RFA was one year ago and it is still helpful for her neck pain and her headaches. She has also responded well to trigger point injections in the left upper trapezius area. On this date, she complains the back pain severity is moderate. The location of the pain is upper, middle and lower back, legs and neck. Pain radiates to the bilateral arms, left calf, bilateral feet, and bilateral thighs. The pain is described as an ache, deep, discomforting, dull, numbness, sharp, shooting and throbbing. Ascending and descending stairs, bending, changing positions, extension, jumping, lifting, rolling over in bed, running, sitting, and standing, twisting, and walking, aggravate symptoms. The symptoms are relieved by exercise, heat, ice, lying down, injections, massage, and movement, pain medications, physical therapy, stretching and rest. The pain levels are noted with medications at 5/10 and without 9/10. She has received the last Radiofrequency Sacral

Lateral Branch Neurotomy at left L5-S1 with greater than 80% relief for more than 6 months completed on 8/8/14. The provider is requesting another Radiofrequency ablation at left L5, S1, S2, S3, and S4 at this time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Radiofrequency ablation at left L5: 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), Low Back, lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Online edition 2015. Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** ODG Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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). No more than 3 procedures should be performed in a year's period. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The above criteria are provided by ODG regarding who can qualify for a facet joint radiofrequency neurotomy. Utilization review denied this request since the patient reported 7/10 pain following the procedure, although the physician stated that the patient stated that his pain was relieved by 70% following the procedure. Furthermore, guidelines state that no more than 2 joint levels should be performed at once time. In 8/2014, L5- S4 radiofrequency ablations were all performed in the same procedure. Again, S1-L5 is being requested and this constitutes more than two joint levels, which is not supported by MTUS guidelines. Likewise, per MTUS guidelines this request cannot be considered medically necessary.

#### **Radiofrequency ablation at left S1: 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), Low Back, lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Online edition 2015. Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** ODG Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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). No more than 3 procedures should be performed in a year's period. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The above criteria are provided by ODG regarding who can qualify for a facet joint radiofrequency neurotomy. Utilization review denied this request since the patient reported 7/10 pain following the procedure, although the physician stated that the patient stated that his pain was relieved by 70% following the procedure. Furthermore, guidelines state that no more than 2 joint levels should be performed at once time. In 8/2014, L5- S4 radiofrequency ablations were all performed in the same procedure. Again, S1-L5 is being requested and this constitutes more than two joint levels, which is not supported by MTUS guidelines. Likewise, per MTUS guidelines this request cannot be considered medically necessary.

**Radiofrequency ablation at left S2:** 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), Low Back, lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Online edition 2015. Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** ODG Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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). No more than 3 procedures should be performed in a year's period. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The above criteria are provided by ODG regarding who can qualify for a facet joint radiofrequency neurotomy. Utilization review denied this request since the patient reported 7/10 pain following the procedure, although the physician stated that the patient stated that his pain was relieved by 70% following the procedure. Furthermore, guidelines state that no more than 2 joint levels should be performed at once time. In 8/2014, L5- S4 radiofrequency ablations were all performed in the same procedure. Again, S1-L5 is being requested and this constitutes more than two joint levels, which is not supported by MTUS guidelines. Likewise, per MTUS guidelines this request cannot be considered medically necessary.

### **Radiofrequency ablation at left S3: 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), Low Back, lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Online edition 2015. Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** ODG Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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). No more than 3 procedures should be performed in a year's period. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The above criteria are provided by ODG regarding who can qualify for a facet joint radiofrequency neurotomy. Utilization review denied this request since the patient reported 7/10 pain following the procedure, although the physician stated that the patient stated that his pain was relieved by 70% following the procedure. Furthermore, guidelines state that no more than 2 joint levels should be performed at once time. In 8/2014, L5-S4 radiofrequency ablations were all performed in the same procedure. Again, S1-L5 is being requested and this constitutes more than two joint levels, which is not supported by MTUS guidelines. Likewise, per MTUS guidelines this request cannot be considered medically necessary.

## **Radiofrequency ablation at left S4: 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), Low Back, lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Online edition 2015. Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** ODG Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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). No more than 3 procedures should be performed in a year's period. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The above criteria are provided by ODG regarding who can qualify for a facet joint radiofrequency neurotomy. Utilization review denied this request since the patient reported 7/10 pain following the procedure, although the physician stated that the patient stated that his pain was relieved by 70% following the procedure. Furthermore, guidelines state that no more than 2 joint levels should be performed at once time. In 8/2014, L5-S4 radiofrequency ablations were all performed in the same procedure. Again, S1-L5 is being requested and this constitutes more than two joint levels, which is not supported by MTUS guidelines. Likewise, per MTUS guidelines this request cannot be considered medically necessary.