

<b>Case Number:</b>	CM14-0172899		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old male with date of injury 3/9/13. The treating physician report dated 9/30/14 indicates that the patient presents with lower back pain and bilateral leg pain. The treating physician reports that the prior facet joint injection was significantly helpful for 6 weeks of so decreasing the pain by 80%. The pain is now a 4-5/10 in the lower back referring down to the upper part of the bilateral lower extremities. The physical examination findings reveal limited ROM in extension and side bending with paraspinal muscle tenderness appreciated on palpation of the lower lumbar spine. The current diagnoses are: 1. Displacement of thoracic or lumbar IVD without myelopathy 2. Cervicalgia 3. Myalgia 4. Spasm of muscle. The utilization review report dated 9/30/14 denied the request for bilateral radio frequency ablation L2, L3, L4 and L5 based on the ODG guidelines not supporting more than two joint levels to be performed at one time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Radio Frequency Ablation L2, L3, L4, L5.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back-Lumbar & Thoracic chapter, facet joint radiofrequency neurotomy

**Decision rationale:** The patient presents with chronic back pain and bilateral leg pain. The current request is for Bilateral Radio Frequency Ablation (RFA) L2, L3, L4, L5. On 5/22/14 the treating physician notes that the patient had a facet injection in December of 2013 which helped the lower back pain by 80% lasting for at least 6 weeks. On 6/19/14 the treating physician states that the pain in the lower back is worsening and is requiring medication usage of Norco 1-2 daily. Request was made for RFA on 7/17/14 and 8/14/14. The MTUS Guidelines do not address facet joint radiofrequency neurotomy. The ODG Guidelines states, "Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis." ODG goes on to state that treatment requires a diagnosis of facet joint pain and that no more than two joint levels are to be performed at one time. In this case the treating physician has diagnosed the patient with lumbar disc displacement and has been treating the patient with epidural steroid injections for radicular pain with the most recent injection in October 2013. There is no diagnosis of facet joint pain and there is no documentation of the required criteria as outlined in ODG for facet joint pathology (Tenderness over the facet region, normal sensory exam, absence of radicular findings and normal SLR). The treating physician also has requested RFA over 4 levels which is outside of the 2 levels recommended by ODG. This request is not medically necessary.