

<b>Case Number:</b>	CM13-0011918		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A PR-2 dated 1/2/14 notes pain in the low back weakness in the back. There was tenderness and decreased range of motion noted by examination. A PR-2 dated 2/12/14 indicates pain with no radiculopathy and awaiting facet blocks. A PR-2 dated 3/14/14 indicates the claimant's feeling was better. The treating physician recommended that the claimant could return to usual and customary duties. The treating physician noted that a cortisone injection in the low back reduced pain lasting 2 months. A PR-2 dated 6/13/14 indicates pain is essentially the same and increased by prolonged standing more than sitting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L3 THROUGH L5 MEDIAL BRANCH FACET JOINT RHIZOTOMY AND NEUROLYSIA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, FACET JOINT RADIOFREQUENCY NEUROTOMY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint radiofrequency neurotomy.

**Decision rationale:** The medical records provided for review reveal no documentation of results of diagnostic facet blocks in support of RFA. There is no indication of demonstrated improvement in pain greater than 70% for duration of anesthetic used in facet diagnostic block performed without conscious sedation. As such, Official Disability Guidelines (ODG) does not support RFA of facet medial branches.