

Case Number:	CM13-0021215		
Date Assigned:	12/11/2013	Date of Injury:	08/09/2011
Decision Date:	02/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 62 year old man who sustained a work related injury on August 9 2011. The patient has had 2 facet joint injections, pain medications, activity modification and one rhizotomy of the lumbar spine which was helpful. He was diagnosed with lower back pain associated to degenerative disc disease, The provider is requesting authorization for bilateral L4-S1 radiofrequency rhizotomy to manage the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Radiofrequency rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300-301.

Decision rationale: According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks . There is no clear objective documentation of pain and function from previous facet injections and rhizotomy. The duration

and quantification of the pain relief should be objectively documented. Therefore, L4-S1 radiofrequency rhizotomy is not medically necessary.