

<b>Case Number:</b>	CM13-0035418		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/14/1998
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 65-year-old female who reported an injury on 12/14/1998. The mechanism of injury was not provided. Her diagnoses were noted to include chronic low back pain, lumbar facet joint arthropathy, occasional left lower extremity pain and regional myofascial pain. Her past treatments were noted to include facet injections, medication, and home exercise program. She is status post bilateral lower lumbar facet medial branch radiofrequency rhizotomy, last performed on 04/16/2013. During the assessment on 09/06/2013, the injured worker complained of low back pain. She rated her pain level at 7/10 and reported the highest pain level in that past month at 9/10. She reported her pain level was gradually increasing and requested to repeat the lumbar facet radiofrequency ablation. The physical examination revealed slight tenderness along the left lumbosacral region upon palpation. There was also tenderness along the bilateral lower lumbar paraspinal musculature upon palpation. Her medications were noted to include Opana ER 30 mg, baclofen 10 mg, Vicodin 5/500 mg, Lexapro 20 mg, and Lidoderm patches. The treatment plan was to continue with medication, home exercise program and request a repeat bilateral lower lumbar facet medial branch radiofrequency rhizotomy. The request for bilateral L3-S1 facet medial branch radiofrequency rhizotomy was to control the injured worker's increasing pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-S1 facet medial branch RF (radiofrequency) rhizotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic- Chapter (Updated 10/18/2008)

**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 request for bilateral L3-S1 facet medial branch radiofrequency rhizotomy is not medically necessary. The injured worker was noted to be status post bilateral lower lumbar facet medial branch radiofrequency rhizotomy, last performed on 04/16/2013, which was noted to provide relief. The Official Disability Guidelines state that repeat neurotomies 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. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS (visual analog scale) score, decreased medications and documented improvement in function. No more than two joint levels are to be performed at one time. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In the clinical documentation provided, the most recent clinical note was dated 09/06/2013. There was no current documentation that provided detailed pain relief sustained from the previous injection. There was no clinical documentation provided that included a formal plan of rehabilitation such as physical therapy or failure of conservative treatment prior to the request. Furthermore, the guidelines specifically state that no more than two joint levels are to be performed at one time. Due to the lack of pertinent information, the request for bilateral L3-S1 facet medial branch radiofrequency rhizotomy is not medically necessary.