

<b>Case Number:</b>	CM13-0066224		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 an employee of [REDACTED] and has submitted a claim for lumbar sprain associated with an industrial injury date of November 14, 2008. Treatment to date has included medications and medial branch block. Medical records from October through December 2013 were reviewed showing the patient complaining of low back pain despite use of opioid pain relievers. The patient underwent bilateral L4-L5 and L5-S1 facet medial branch blocks with reported greater than 60% improvement in symptoms. On examination, there was tenderness over the low back area with no sensory or motor deficits in the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RADIO FREQUENCY NEUROTOMY RHIZOTOMY AT BILATERAL L4-S1 FACET JOINTS:** 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), TREATMENT INDEX, 18TH EDITION (WEB), 2013 TREATMENT IN WORKERS COMPENSATION, LOW BACK-FACET JOINT DIAGNOSTIC BLOCKS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, FACET JOINT RADIOFREQUENCY NEUROTOMY

**Decision rationale:** As stated on pages 300-301 in the California MTUS ACOEM low back chapter as well as ODG low back chapter, radiofrequency neurotomy may be used when there has been a diagnostic medial branch block which has resulted in a greater than 70% pain relief for at least two hours. However, the medial branch block the patient has received has resulted in greater than 60% pain relief with no specific documented duration of response. Therefore, the request is not medically necessary.