

<b>Case Number:</b>	CM13-0068415		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational 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 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 54 year-old male status post injury 12/17/11. Patient complains of neck and back pain. Physical exam shows decreased ROM and positive facet signs. Diagnoses are cervical and lumbar degenerative disc disease (DDD), cervical and lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. MRI results from 2/2/12 and 8/27/13 show mild lumbar DDD and mild facet arthropathy. Lumbar facet rhizotomy 1/24/13 results in 50-80% improvement, but the patient continues to have severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RADIOFREQUENCY/RHIZOTOMY BILATERAL L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), section on Facet Joint Radiofrequency Neurotomy

**Decision rationale:** Radiofrequency/rhizotomy is not supported by ACOEM Guidelines for the lumbar spine. ODG recommends this procedure under certain conditions which have not been met in this case. There is no documented improvement in VAS score or clear functional benefit

from the first procedure. No more than 2 levels should be requested at one time according to Guidelines recommendations. Also, an AME from 9/20/13 in the medical records provided for review recommends conservative care, and does not recommend repeat radiofrequency/rhizotomy. Therefore, the request is not medically necessary and appropriate