

<b>Case Number:</b>	CM14-0116846		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 34-year-old male who reported injury on 07/21/2011 when he was injured while lifting an overhead door. The medications and the surgical history were not provided. The prior treatments included medications and injections, as well as previous radiofrequency ablations. The documentation indicated the injured worker had a radiofrequency ablation on 08/12/2012, which provided 40% pain relief. Prior treatments included physical therapy. Prior studies included an MRI of the lumbar spine and electrodiagnostic studies. The MRI of 10/31/2011 revealed the injured worker had mild spinal canal stenosis AP dimension of 8 mm at the L4-5 level secondary to a 2 mm protrusion with associated annular fissuring. There was no mass effect on the nerve roots at this level and the neural foramina were noted to be patent. The most recent documentation submitted for review was dated 12/13/2012, which revealed the injured worker had 80% improvement since the medial branch block, but felt the pain was gradually coming back. The injured worker continued modified duty and medications and home exercise program. There was no recent physician progress note and the Request for Authorization was not provided. The date of request could not be established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet nerve radiofrequency ablation (Rhizotomy)at the bilateral L4-L5 level:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicates that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended. 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 and 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines (ODG) recommends that for repeat neurotomies that the patient had documentation of duration of relief from the first procedure 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. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in Visual Analog Scale (VAS) score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had at least 12 weeks relief of equal to or greater than 50%. There was a lack of documentation indicating the injured worker had a decrease in the VAS score, decreased medications and an improvement in function. There was a lack of documentation of a formal plan of additional evidence based conservative care. There was no documentation from the year 2013 or 2014. Given the above, the request for lumbar facet nerve radiofrequency ablation rhizotomy at the bilateral L4-5 level is not medically necessary.