

<b>Case Number:</b>	CM14-0129051		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/22/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 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 a 66-year-old male with a date of injury of December 2, 2011. The patient has chronic low back pain. Lumbar MRI from 2012 shows endplate compression fractures at L2 and L3. Patient has constant pain in the thoracic and lumbar spine. The patient has numbness in the right calf and over both feet. Physical exam shows tenderness to the low back with spasm. He has a reduced range of motion. Straight leg raising is positive bilaterally causing back pain. Deep tendon reflexes are 2+. Sensation is decreased in entire right lower extremity and patient has epidural steroid injections. At issue is whether lumbar radiofrequency ablation and Neurotomy are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency of the Bilateral Lumbar Facet Neurotomy at L4-5 and L5-S1 under anesthesia, fluoroscopy, and supplies:** Upheld

**Claims Administrator 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 (Acute & Chronic) Facet Joint Radiofrequency Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**Decision rationale:** This patient does not meet establish criteria for radiofrequency ablation in the lumbar spine. Specifically, the history and physical examination documents radicular symptoms of leg symptoms. Since the patient has symptoms of radiculopathy and physical exam findings of radiculopathy, criteria for radiofrequency neurotomy not met. Radicular symptoms are a relative contraindication to radiofrequency neurotomy. Patient's physical examination shows numbness in the extremities and the patient's history describes back pain radiating to the legs. Radicular symptoms are present. Criteria for radiofrequency neurotomy the lumbar spine not met.

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen: Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or MedicalEvidence.

**Decision rationale:** There is no dcoumentation that the patinet is involved in a functional restoration program. Also,chronic narcotics are not recommended for long term use for chronic low back pain. The amountfo functional imporvement and pain relieve with VAS score is not documented with previousnarcotic use. Criteria for narcotic use not met. Therefore, the request is not medically necessary.