

<b>Case Number:</b>	CM14-0129274		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	09/03/1998
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/31/2014
<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 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:

This case involves an injured worker who sustained an injury on 09/03/1998. The date of the Utilization Review is 07/31/2014 denying the request for one bilateral radiofrequency rhizotomy at L4-4 and L5-S1. The current diagnosis includes lumbar degenerative disc disease with spondylosis. On 05/15/2014, the patient was seen for a follow-up regarding continued low back pain. The patient reported a reduction in pain since the radiofrequency ablation at L3-L4-L4- S1 which took place on 02/05/2014. The patient reported at that time he still had good relief from the procedure. The objective findings included lumbar degenerative disc spondylosis and it was noted that the patient was responsive to radiofrequency ablation. The patient was still being monitored for pain. The initial physician review on 07/31/2014 discussed the 07/02/2014 report, which was not available in the medical records. At that time, the patient reported subjective findings of worsening pain and the patient felt his radiofrequency rhizotomy had stopped worker fairly abruptly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral radiofrequency rhizotomy at L4-4 and L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), Low Back

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically discuss criteria for repeat radiofrequency ablation. The Official Disability Guidelines -Treatment in Workers Compensation, Low Back does discuss facet joint radiofrequency neurotomy noting that repeat neurotomies should occur only if there is evidence of improvement for 12 weeks, including greater than 50% pain relief, as well as documented improvement in function. The medical records, at this time, discuss essentially subjective improvement from past radiofrequency treatment, however, do not clearly discuss verifiable reductions in medication use, or objective improvement in function. There is insufficient information available to support repeat radiofrequency treatment. Therefore, this request is not medically necessary.