

<b>Case Number:</b>	CM14-0172057		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Neurological 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:

According to the records made available for review, this is a 60-year-old male with a 1/28/13 date of injury. At the time (9/17/14) of the Decision for Bilateral L4-5, L5-S1 Radiofrequency Rhizotomy, there is documentation of subjective (low back pain radiating to lateral as well as posterior aspect of left leg) and objective (normal physical exam) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy), and treatment to date (physical therapy, medial branch blocks, TENS unit, medications, and previous radiofrequency ablation on 3/24/14). Medical report identifies that patient responded well following previous radiofrequency ablations. There is no documentation of improvement in VAS score; documented improvement in function; at least 12 weeks of 50% relief with prior neurotomy; and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 Radiofrequency Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**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 Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** MTUS reference to ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing lumbar facet joint pain among patient who had a positive response to facet injections. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks of 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of a diagnosis of displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of evidence of adequate diagnostic blocks. Furthermore, given documentation of a request for bilateral L4-5, L5-S1 Radiofrequency Rhizotomy, there is documentation of no more than two joint levels will be performed at one time. Lastly, given documentation of previous radiofrequency ablation on 3/24/14, there is documentation of repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, despite documentation that patient responded well with previous radiofrequency ablations, there is no (clear) documentation of improvement in VAS score; documented improvement in function; and at least 12 weeks of 50% relief with prior neurotomy. In addition, there is no documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4-5, L5-S1 Radiofrequency Rhizotomy is not medically necessary.