

<b>Case Number:</b>	CM14-0177013		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	06/03/1988
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2014

### 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 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:

This patient is a 61 y/o female who developed persistent low back pain subsequent to an injury 6/3/88. Her MRI studies show isolated degenerative changes at L5-S1 without nerve impingement. She has been treated with periodic medial branch neurotomies which produce significant pain relief for 6-12 months. For several months after the procedure her VAS scores with meds are 1-2/10 and without meds 5/10. Her VAS scores elevate to 5-6/10 with meds and 9-10/10 without meds when the procedure effects are said to be wearing off. Her medication regimen has remained stable for several years and she continues to work part time. The last facet rhizotomy was 3/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 left radiofrequency lesioning at L4, L5 and S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**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, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** MTUS Guidelines mention that lumbar facet neurotomies are not strongly supported, but the MTUS Guidelines do not give guidance beyond that. ODG Guidelines address this issue in additional detail and provide very specific criteria to justify repeat facet neurotomies. This patient meets these Guideline criteria i.e. greater than 50% improvement in pain for 6 months or more plus functional support. The repeat left L4-S1 radiofrequency lesioning (facet neurotomy) is medically necessary.