

<b>Case Number:</b>	CM14-0185611		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old man with sustained a work-related injury on January 27, 2012. Subsequently, the patient developed with chronic back pain. According to a progress report dated on September 30 of the 14, the patient underwent medial branch block on September 26, 2014 with the 70% pain relief lasting only 2-3 hours. The patient pain severity was rated 5/10. The patient physical examination did not document any objective neurological or musculoskeletal findings. The patient was previously treated with physical therapy, lumbar epidural injections, medial branch block and pain medications without documentation of full pain control. The provider request authorization for radiofrequency neurotomy at the level of L3-L4 and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency neurotomy on the right at L3, L4 and L5:** 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, Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** According to MTUS guidelines, << 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. 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 >>. There is no documentation of significant pain and functional improvement with a previous diagnosis medial branch block. There no documentation that the lumbar facets are the main pain generator. Therefore, Radiofrequency neurotomy on the right at L3, L4 and L5 is not medically necessary.