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| <b>Case Number:</b>   | CM14-0023590 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 09/06/2001 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 02/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2014 |

### 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 injured worker is a 57 year old male who reported an injury on 09/06/2001 due to an unknown mechanism of injury. The injured worker was diagnosed with cervicalgia, lumbar disc disease, neuralgia/neuritis/radiculitis unspecified. The injured worker has received surgery and conservative care to reduce the use of pain medication and improve range of motion. Currently, pain level for the injured worker has dropped from 8/10 to 5/10. On 07/16/2008 the injured worker received a radiofrequency neurotomy bilateral L2, L3, L4 medial branch nerves and L5 dorsal ramus nerve procedure. There was no documentation as to the length and level of relief of pain documented. The injured worker's physician is requesting to perform this treatment again to reduce pain, improve range of motion and upper body strength hampered by pain. The request for authorization form was dated and signed on 02/11/2014 and submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RADIOFREQUENCY NEUROTOMY BILATERAL L3, L3, L4 MEDIAL NERVES AND L5 DORSAL RAMUS NERVE:** Upheld

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

**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 Pain, Radiofrequency Neurotomy.

**Decision rationale:** The request for radiofrequency neurotomy bilateral L3, L3, L4 medial nerves and L5 dorsal ramus nerve is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state lumbar facet neurotomies produce mixed results and should only be performed after appropriate investigation involving controlled dorsal ramus medial branch blocks. On 07/16/2008 the injured worker received a radiofrequency neurotomy bilateral L2, L3, L4 medial branch nerves and L5 dorsal ramus nerve procedure. Under Official Disability Guidelines lower back pain guidelines, radiofrequency neurotomy should not be repeated without documentation indicating relief of pain greater than or equal to 50% for at least 12 weeks. This was not provided. Further the procedure is not considered successful without sustained pain relief of generally six months in duration. Again, the documentation to confirm this was not provided. As such, the request is not medically necessary.