

<b>Case Number:</b>	CM14-0039735		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/29/2007
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 57 year-old patient sustained an injury on 8/29/07 while employed by [REDACTED]. The report dated 2/21/14 noted the patient with chronic low back pain and history of lumbar laminectomy with aggravated pain from flu and a fall. Exam of the cervical and lumbar spine showed decreased range of motion, tenderness at right trapezius and lumbosacral area, negative Spurling's and Patrick's tests, mildly positive right straight leg raises, mild dysesthesia and hypoesthesia of the right lower and upper extremities, and deep tendon reflexes 1+ symmetrical with 5/5 motor strength in all major muscles. Diagnoses included failed low back syndrome, right lumbar radiculopathy, lumbar facet osteoarthritis, cervical sprain/strain, and degenerative disc disease. Medications include ongoing Norco and Ibuprofen. The patient had radiofrequency rhizotomy about two years ago; however, there was no report of functional benefit derived from this procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral L4-5, L5-alar S1 medial branch radiofrequency rhizotomy without steroid:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1.

**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.

**Decision rationale:** Per the MTUS guidelines, facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial without evidence of radicular findings with continued low back symptoms and positive radicular exam findings in the lower extremities. MRI findings of clear facet arthropathy have not been presented. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in activities of daily living and function for greater than 50% sustained for at least six months duration for repeat procedures for this chronic injury of 2007. The patient had radiofrequency rhizotomy about two years ago; however, there was no report of functional benefit derived from the procedure. As such, the request is not medically necessary.