

<b>Case Number:</b>	CM14-0085476		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & Rehab, has a subspecialty in Interventional Spine 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 patient is a 41 year old with an injury date on 7/8/10. Patient complains of increased right hip pain especially with excessive ambulation per 4/3/14 report. Patient denies radiation of symptoms into lower extremities, but describes neuropathic pain in right upper extremity per 4/3/14 report. Based on the 4/3/14 progress report provided by [REDACTED] the diagnoses are: 1. Axial low back pain. 2. Status post right L4-L5 and L5-S1 facet nerve root rhizotomy performed on June 6, 2013 with 70% improvement for six months. 3. Lumbar spine sprain/strain with: MRI evidence of L5-S1 severe right neuroforaminal narrowing on the exiting right LS nerve root. 4. Status post industrial electroshock to the right index finger and probable exit right anterior thigh without evidence of entrance or exit burns. Positive loss of consciousness with persistent right arm and right thigh pain. 5. Persistent right neck pain following electroshock. 6. Posttraumatic headaches most likely myofascial. 7. Depression and symptoms of post-traumatic stress disorder, under psychiatric care. 8. History of elevated liver function testing per lab study performed on December 17, 2013. LFTs improved per testing March 10, 2014. Exam on 4/3/14 showed "assisted with single-point cane. Severe tenderness to palpation over right L4-L5 facet joint and also tender over surrounding musculature. He has pain with lumbar extension, rotation, and right lateral bending. Range of motion of L-spine is moderately restricted especially at extension (10 degrees) and right lateral flexion (10 degrees)." [REDACTED] is requesting right L4-L5 and L5-S1 radiofrequency ablation / facet medial branch nerve rhizotomy under fluoroscopy. The utilization review determination being challenged is dated 5/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/13/14 to 6/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 and L5-S1 Radiofrequency Ablation/ Facet Medial Branch Nerve Rhizotomy under Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment index, 11th Edition (web) , 2013, Low Back, Facet joint.

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

**Decision rationale:** This patient presents with right hip pain. The treater has asked for right L4-L5 and L5-S1 radiofrequency ablation / facet medial branch nerve rhizotomy under fluoroscopy on 4/3/14. Patient had a right L4-L5 and L5-S1 facet rhizotomy on 6/6/13 with 70% improvement that lasted 6 months per 4/3/14 report. Patient also noted improved sleep pattern and also better daytime functioning due to improved sleep per 4/3/14 report. Patient is taking Hydrocodone, Cymbalta, Dendracin, Voltaren, and reports pain rated 7/10 with medication and 10/10 without medication per 4/3/14 report. For radio frequency neurotomy of L-spine, ACOEM gives mixed results, and ODG recommends repeat neurotomy if prior procedure provided more than 50% relief for 12 weeks, and there is a documented reduction in VAS and medication usage. In this case the treater indicates that the patient's pain improved significantly for 6 months with 70% improvement. However, there is no explanation as to how dorsal medial branch diagnostic injections could result in such relief. Diagnostic injections should not yield more than a few hours of relief. The patient has had a placebo response and RF ablation would not be indicated. The patient's response was negative given lack of correlation to the injection provided. Therefore, the request is not medically necessary.