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| <b>Case Number:</b>   | CM14-0186790 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 04/09/2013 |
| <b>Decision Date:</b> | 01/05/2015   | <b>UR Denial Date:</b>       | 10/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2014 |

### 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 New York. 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 28-year-old male with a date of injury of April 9, 2013. The patient has chronic back pain. MRI from October 2013 shows mild stenosis at L4-5 and mild stenosis at L3-4. There is a degenerative disc condition present at L3-4 and L4-5. The patient takes medications to include analgesics and antidepressants. He had left L4 and L5 and S1 injection in May 2014. The patient has been diagnosed with kidney cancer. He continues to take narcotics for back pain. The patient also takes muscle relaxants. The patient has neurologic findings on physical examination including motor sensory and reflex changes which are consistent with neuropathy. At issue is whether lumbar rhizotomy is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5, L5-S1 Radiofrequency Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter

**Decision rationale:** This patient does not meet ODG criteria for lumbar rhizotomy. Specifically the medical records indicate that the patient has neurologic findings on physical examination consistent with lumbar neuropathy. This is a relative contraindication according to ODG guidelines for facet rhizotomy. In addition, MRI findings do show some compression of the nerve roots. It is unclear from the medical records that the facet joints contribute to this patient's chronic pain condition. Guidelines for multiple facet injections are not met. Therefore the request is not medically necessary.