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| <b>Case Number:</b>   | CM14-0195304 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 08/08/1997 |
| <b>Decision Date:</b> | 01/29/2015   | <b>UR Denial Date:</b>       | 11/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 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:

The injured worker sustained a work related injury on August 8, 1997, twisting while on a ladder, feeling a twinge of pain in the low back with subsequent numbness and tingling down the leg. The injured worker was noted to have undergone lumbar spine surgery in 1997 and bilateral knee replacements in 2010. The surgical reports were not included in the documentation provided. A Physician report dated September 22, 2014, noted the injured worker with the complaint of bilateral back pain. The injured worker was noted to have received right L4-L5 and L5-S1 medial branch blocks on September 19, 2014, with seventy five percent improvement noted. The physical examination was noted to show no tenderness to palpation of bilateral lumbar paraspinals, with normal flexion and decreased extension. The Physician noted the diagnosis as lumbar facet arthropathy, with recommendation to proceed with the left medial branch blocks that were previously authorized as a diagnostic step toward rhizotomy. On October 6, 2014, the Physician requested authorization for a radiofrequency rhizotomy targeting right L4-L5 and L5-S1 facet. On November 5, 2014, Utilization review evaluated the request for radiofrequency rhizotomy targeting right L4-L5 and L5-S1 facet, as an outpatient, citing the Official Disability Guidelines (ODG) Low Back Chapter updated October 28, 2014. The UR Physician noted that there had been no mention of any exercise/rehabilitation program that would be done in conjunction with the facet treatment to be in accordance with the guideline criteria, and therefore the request for radiofrequency rhizotomy targeting right L4-L5 and L5-S1 facet was not medically reasonable or necessary. The decision was subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency rhizotomy targeting right L4/5 & L5/S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiofrequency Neurotomy

**Decision rationale:** The Medical Treatment Utilization Schedule does not provide specific criteria for radiofrequency neurotomy for the lumbar spine. The Official Disability Guidelines/Treatment in Workers Compensation/Low Back, state that in addition to a successful medial branch block, there should be evidence of a formal plan of evidence-based conservative care in addition to facet joint therapy. In this case, the treating physician specifically notes on 10/13/2014 that this patient last attended physical therapy 10 years ago and that no further treatment was planned at that time. Overall, the treatment guidelines do not support a probable benefit from radiofrequency ablation rhizotomy as an isolated procedure rather than as part of an overall functional restorative program. Therefore, the current treatment request is not supported by the treatment guidelines. This request is not medically necessary.