

<b>Case Number:</b>	CM14-0028948		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67-year-old female who reported an injury on 08/15/2011 due to an unspecified mechanism of injury. On 01/19/2014, she presented for a followup evaluation regarding her work related injury. She stated that she had undergone cortisone injections to her knees that were very helpful, but seemed to be wearing off, and she was complaining of grinding, swelling, and pain in the bilateral knees. She also complained of right thumb pain and limited range of motion and ongoing low back pain. An examination of her low back was not performed. She was diagnosed with lumbar spine degenerative disc disease, lumbar facet syndrome, right hand first compartmental degenerative joint disease, and bilateral knee degenerative joint disease. The treatment plan was for bilateral L3-5 medial branch facet joint rhizotomies and neurolysis. A rationale for treatment was not provided. It was noted that she had failed conservative therapy to include activity modification, medications, physical therapy, and cortisone injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L3-L5 MEDIAL BRANCH FACET JOINT RHIZOTOMY NEUROLYSIS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**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, Radio Frequency Ablations.

**Decision rationale:** The Official Disability Guidelines state that facet joint radiofrequency rhizotomies should only be approved on a case by case basis for those who have signs and symptoms of facet joint pain with a positive diagnosis using a medial branch block. The documentation provided does not show that the injured worker had previously undergone medial branch blocks with a positive diagnosis of facet joint pain to support the request. Also, a physical examination of the lumbar spine was not performed during the most recent clinical evaluation to show that she has any significant functional deficits or signs and symptoms of facet joint pain. Therefore, the request is not supported. As such, the request is not medically necessary.