

<b>Case Number:</b>	CM15-0007049		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/19/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32-year-old male, with a reported date of injury of 11/19/2007. The diagnoses include lumbar spondylosis with primarily low back pain, and L4-5 herniated nucleus pulposus with L5-S1 fusion. Treatments have included a computerized tomography (CT) scan of the lumbar spine on 02/18/2013, oral pain medications, and a lumbar fusion. The medical report dated 12/15/2014 indicates that the injured worker continued to complain of constant pain across his low back. He indicated that he has less of the shocking pain. The injured worker noted that his back pain was improved with exercise, but did not last long. He was tolerating his pain medications. The physical examination showed increased pain with forward and backward flexion of the lumbar spine, flattening of the lumbar spine, decreased ranged of motion in the lumbar spine, and tenderness at the facet joints at L3-4 and L4-5. The treating physician requested a bilateral L3-4 and L4-5 radiofrequency rhizotomy since the medial branch block only provided short-term improvement. On 01/09/2015, Utilization Review (UR) denied the request for one (1) bilateral L3-4 and L4-5 radiofrequency rhizotomy, noting that the medical records do not show evidence of pain relief for at least two hours following the diagnostic medial branch block performed on 05/12/2014. The ACOEM Guidelines and the Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral L3-4 and L4-5 radiofrequency rhizotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation low back chapter, RF ablation

**Decision rationale:** The patient, a 32-year-old male with an injury date of 11/19/07, presents with pain, rated 07/10, across his low back. The request is for BILATERAL L3-4 AND L4-5 RADIOFREQUENCY RHIZOTOMY. The RFA provided is dated 02/02/15. Patient is status-post L5-S1 fusion with pedicle screw fixation. Physical examination to the lumbar area on 12/15/14 revealed increased pain with forward and backward flexion, significant decreased range of motion, and tenderness at the facet joints at approximate L3-4, L4-5. Patient's diagnosis on 12/15/14 included lumbar spondylosis with primarily low back pain, and L4-5 HNP with L5-S1 fusion. Per medical report dated 05/12/14, the patient underwent bilateral L3-4, L4-5, and L5-S1 medial branch block with significant improvement in sleep for three nights and improvement in pain rated 04/10 though only short term. Patient is disabled. ACOEM Guidelines page 300 and 301 states, Lumbar facet neurotomies reportedly produce mixed results. For more thorough discussion, ODG Guidelines are referenced. ODG under its low back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be based on a case by case basis. Specific criteria used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at a time and evidence of normal conservative care in addition to facet joint therapy is required. Adequate diagnostic block requires greater than 70% reduction of pain for the duration of analgesic agent use. Review of the medical reports did not show evidence of 70% pain relief within 24 hours following the previous facet medial branch block procedure. The patient has experienced only a 30% reduction of pain. Per the guidelines, the patient's response to the diagnostic medical branch block was not successful. Therefore, this request IS NOT medically necessary.