

<b>Case Number:</b>	CM15-0008421		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/25/2004
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Pennsylvania, Ohio, 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 68 year old male, who sustained an industrial injury on 07/25/2004. The medical records noted that the injured worker slipped and fell down a 350 foot embankment, shattering his right ankle and also sustaining multiple musculoskeletal injuries. The injured worker was diagnosed with chronic low back pain, lumbar spinal stenosis, disc fragment at sacral one level, bilateral lumbar radicular pain, bilateral sacroiliac joint arthropathy, chronic left knee pain, status post left knee arthroscopy, chronic neck pain, and status post cervical fusion. Treatment to date has included an oral and transdermal medication regimen, magnetic resonance imaging of the lumbar spine, epidural injection, above listed surgical procedures, use of heat and ice, rest, and gentle stretching exercises. Currently, the injured worker complains of low back pain that is rated an eight out of ten without medication and a five out of ten with medication. The treating physician requested bilateral radiofrequency rhizotomy, but the documentation provided did not indicate the reason this requested treatment. On 01/12/2015 Utilization Review non-certified the request for bilateral radiofrequency rhizotomy at lumbar four to five noting the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral radiofrequency Rhizotomy at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rhizotomy, [http://www.odg-twc.com/odgtwc/low\\_back.htm#facetjointradiofrequencyneurotomy](http://www.odg-twc.com/odgtwc/low_back.htm#facetjointradiofrequencyneurotomy)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Treatment in Workers Compensation/Low Back

**Decision rationale:** Radiofrequency ablation is not specifically discussed in the California Medical Treatment Utilization Schedule. Official Disability Guidelines/Treatment in Workers Compensation/Low Back does discuss radiofrequency ablation. These guidelines indicate that such treatment is indicated only for patients with nonradicular symptoms after the patient has had a successful response to a medial branch block for axial back pain. The records in this case specifically document the presence of radicular symptoms into the lower extremities. The medical records do not meet the guidelines to support probable facet-mediated pain. This treatment is not supported by the treatment guidelines and is thus not medically necessary.