

<b>Case Number:</b>	CM15-0106084		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/07/2001
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 45-year-old male, who sustained an industrial injury on March 7, 2001. Treatment to date has included radiofrequency neurotomy of the facet joint, lumbar fusion, left total knee replacement, and medications. Currently, the injured worker complains of back pain with bilateral gluteal and bilateral lower extremity pain. He also complains of left knee pain. His back pain is located in the lower thoracic to lower mid and bilateral lumbosacral spine. He rates his pain an 8-10 on a 10-point scale with medications and reports the rating as a 10 on a 10-point scale without medications. His pain is increased with activity especially bending and is relieved with resting, lying down and with medications. His left knee pain is described as tingling and throbbing pain. The evaluating physician notes that previous radiofrequency neurotomy provided 30-50% long-term relief of pain. On physical examination, the injured worker confirmed tenderness adjacent to the spinous processes over the facet joints of the thoracic/lumbar spine and his lumbar range of motion was markedly decreased. The diagnoses associated with the request include lumbar spondylosis, chronic pain syndrome, post-laminectomy lumbar spine, and back pain. The treatment plan includes continuation of MS Contin, MR IR, Restoral, Cambia and bilateral lumbar medial branch block at T12 - L1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral T12-L1 radiofrequency neurotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12 Low Back, Radiofrequency Ablation, pages 300-301. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint Radiofrequency neurotomy, pages 420-422.

**Decision rationale:** The patient underwent recent RFA in January 2014 with reported 30-40% relief. The patient has undergone previous RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Guidelines criteria for repeating the procedure includes at least 50% improvement for at least 12 weeks duration, not demonstrated here. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage and medical utilization or an increase in ADLs and function to repeat procedures for this chronic injury. The Bilateral T12-L1 radiofrequency neurotomy is not medically necessary and appropriate.