

<b>Case Number:</b>	CM15-0138779		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

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 35-year-old male, who sustained an industrial injury on 1/13/14. He reported low back pain. The injured worker was diagnosed as having lumbar disc disease and lumbar facet syndrome. Treatment to date has included medication and bilateral L3-4 medial branch block injections on 4/20/15 with 80% pain relief. Physical examination findings on 5/27/15 included positive bilateral Kemp's test, positive bilateral Farfan's test and decreased lumbar spine range of motion. Currently, the injured worker complains of low back pain. The treating physician requested authorization for bilateral L3-4 facet rhizotomy/neurolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L4 facet Rhizotomy/neurolysis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Lumbar and Thoracic (Acute & Chronic) Facet Joint Radiofrequency Neurotomy (2015).

**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-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for low back pain. He underwent bilateral diagnostic L3 and L4 lumbar medial branch blocks on 04/20/15. The injections were done with fluoroscopy and bupivacaine was injected. In follow-up in May 2015 there had been 80% pain relief lasting for the duration of the anesthetic. He had been able to bend and stooped with greater ease and facet loading was not painful. Physical examination findings included facet tenderness with positive Kemp and Farfan testing. Prior treatments had included physical therapy, chiropractic care, medications, and compliance with a home exercise program is documented. Authorization for bilateral L4 and L5 radiofrequency ablation was requested. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks, that no more than two joint levels are performed at one time, and that there is evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the claimant has failed to benefit from prior conservative treatments. A diagnosis of facet joint pain is supported by his response to diagnostic medial branch blocks. A continued home exercise program and medication management would be expected after the procedure. The requested medial branch radiofrequency nerve ablation meets the applicable criteria and is medically necessary.