

<b>Case Number:</b>	CM15-0167254		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 41-year-old male who sustained an industrial injury on 01-06-2010. Mechanism of injury was not found in documents presented for review. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, neuralgia, neuritis, radiculitis and thoracic or lumbar radiculopathy, facet arthropathy, and failed back surgery syndrome. Treatment to date has included diagnostic studies, medications, multiple medial branch blocks, and status post bilateral laminotomy, discectomy at L4-5 and L5-S1, and epidural steroid injections. Medications include Duragesic, Flexeril, Ambien and Norco. He is not working. A physician progress note dated 07-23-2015 documents the injured worker complains of continued low back pain that he rates as 6 out of 10, and is constant in nature. He has complaints of pins and needles as well as numbness and tingling. On examination, straight leg raise is negative. He has positive facet loading bilaterally. There is pain to palpation over the bilateral paraspinal muscles at L3, L4, and L5. He is unable to walk on his heel and toes. Lumbar spine range of motion is restricted. In a prior physician note dated 06-25-2015, it is documented that he received 50% pain relief from a previous diagnostic medial branch block. The treatment plan includes refilling his medication with a change to his Duragesic from every 48 hours to every 72 hours. Treatment requested is for bilateral radiofrequency thermocoagulation at L4-5 and L5-S1.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Bilateral radiofrequency thermocoagulation at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. Therefore, the request is not medically necessary based on ACOEM guidelines and failure of the provided documentation for review to meet criteria.