

<b>Case Number:</b>	CM15-0167268		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<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 52 year old female, who sustained an industrial injury on 9-19-12. She has reported initial complaints of back injury. The diagnoses have included lumbar strain, lumbar facet arthropathy, lumbar radiculopathy, lumbar disc herniation, and lumbar degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, diagnostics, work restrictions, facet blocks, lumbar epidural steroid block, and other modalities. Currently, as per the physician progress note dated 7-21-15, the injured worker remains symptomatic related to her back symptoms and has been working modified duty. It is noted that she was evaluated by a physiatrist on 5-29-15 and the physician agreed with the recommendation for facet rhizotomies, which were denied previously. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 6-25-15 that reveals protrusion of disc, stenosis, and slight retrospondylolisthesis. There was an electromyography (EMG) nerve conduction velocity studies (NCV) of the bilateral lower extremities dated 10-21-14. The objective findings-physical exam reveals that the lumbar range of motion is 75 percent of normal in all planes. The physician wrote a prescription for Meloxicam. The physician requested treatment included 1 facet rhizotomies at bilateral L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 facet rhizotomies at bilateral L5-S1: 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) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy 2015.

**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.