

<b>Case Number:</b>	CM15-0186487		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 50-year-old female, who sustained an industrial injury on 05-23-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar degenerative disc disease with chronic low back pain, thoracic or lumbosacral neuritis or radiculitis, lumbar facet arthrosis, sacroiliitis, myalgia and myositis, and lumbar facet joint pain. Medical records (04-22-2015 to 08-26-2015) indicate ongoing chronic low back and bilateral hip pain with recent flare-up. Pain levels were 6-7 out of 10 on a visual analog scale (VAS) with medications and 9-10 out of 10 without medications. The IW denied any radiation of pain, but did report pain was worse with lying flat on her back and extending backwards. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW wants to continue working at the flower shop that she owns. The physical exam, dated 08-26-2015, revealed continued tenderness and tightness across the lumbosacral area, restricted lateral bending at 80%, restricted flexion at 70%, restricted lateral bending at 80%, and positive straight leg raises. There were no changes from previous exam dated 07-15-2015. Relevant treatments have included lumbar facet injection (02-2015) resulting in 50% pain relief for 3 months and allowing to wean off Norco completely, work restrictions, and pain medications. A partial MRI report of the lumbar spine (2011) was available for review and states "protrusions or neural impingement, and no focal abnormalities are identified. The request for authorization (07-15-2015) shows that the following procedures were requested: one bilateral medial branch radiofrequency rhizotomy to the lumbar L4-L5, and one bilateral medial branch radiofrequency rhizotomy to the lumbar L5-S1 (sacroiliac). The original utilization review (09-08-2015) non-certified the request for one bilateral medial branch radiofrequency rhizotomy to the lumbar L4-L5, and one bilateral medial branch radiofrequency rhizotomy to the lumbar L5-S1 (sacroiliac).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral medial branch radiofrequency rhizotomy, Lumbar L4-L5, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Medial branch blocks; Criteria for facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Subacute and chronic low back pain: Non-surgical interventional treatment.

**Decision rationale:** Radiofrequency ablation or rhizotomy has been used for treatment of discogenic back pain (and radicular back pain. Evidence supporting the use of radiofrequency denervation for chronic low back pain is limited and not consistent. Though the history and exam do suggest radicular pathology, the evidence does not substantiate the medical necessity of bilateral medial branch radiofrequency rhizotomy, Lumbar L4-L5. This request is not medically necessary.

### **Bilateral medial branch radiofrequency rhizotomy, Lumbar L5-S1 (sacroiliac), Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Medial branch blocks; Criteria for facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain medicine news June 2010 Radiofrequency ablation techniques for chronic sacroiliac joint pain.

**Decision rationale:** This injured worker has chronic sacroiliac joint pain. The Radiofrequency procedures such as rhizotomy have been used in the treatment of SI joint pain and the results have been variable with "wide variations in technique, selection criteria and standards of success." The ideal candidate for this procedure is likely a younger patient with suspected extraarticular pathology. In the case of this injured worker, it does not appear that she is an ideal candidate and the prior studies lack sufficient data to medically justify the request for a rhizotomy of the sacroiliac joint. This request is not medically necessary.