

<b>Case Number:</b>	CM15-0189174		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/03/2003
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 47-year-old male who sustained an industrial injury on 5-3-2003. Diagnoses have included sacroiliac joint arthropathy left side, facet arthropathy L4-5, L5-S1 left side, "confirmed by medial branch nerve blocks." Diagnostic tests include CT scan of the lumbar spine 7-21-2004 showing grade 1 spondylolisthesis at L5 and disc bulge. Documented treatment per 7-27-2015 and 5-13-2015 report include facet injections, radiofrequency ablation of affected facet nerves 11-14-2014, facet rhizotomy at L4-S1 levels with undocumented date or outcome, and medication including Ibuprofen and Ativan. A pain consultation is noted to have been requested. On 4-17-2015 the injured worker presented with "returning pain" and was noted to be in "acute distress" with lumbar tenderness and positive facet loading maneuver on the left. 7-27- 2015 he was stated to continue to present with "increased problems in his back." Range of motion was noted to be flexion 64 degrees, extension 15 degrees, and tenderness at L1 through S1. The treating physician's plan of care includes rhizotomy bilateral facet at L4-S1 levels which was denied on 8-27-2015. The injured worker has been working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rhizotomy bilateral facet at the L4 through S1 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Facet Joint Radiofrequency Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Facet joint radiofrequency neurotomy.

**Decision rationale:** California MTUS guidelines indicate that 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 blocks. ODG guidelines indicate facet joint radiofrequency neurotomy is under study. The treatment requires a diagnostic facet joint block. Repeat neurotomies should not occur at an interval of less than 6 months from the first procedure. The duration of pain relief should be at least 12 weeks at 50%. No more than 3 procedures should be performed in the year. No more than 2 joint levels are to be performed at 1 time. In this case the request is for 3 joint levels on each side, a total of 6. There is no documentation of a recent medial branch block. There is no documentation of sustained pain relief of at least 6 months duration from the prior neurotomy. As such, the request for bilateral radiofrequency neurotomies at L4, L5, and S1 is not supported and the request is not medically necessary.