

<b>Case Number:</b>	CM15-0199776		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/27/2007
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 50-year-old female, who sustained an industrial injury on 3-27-07. The injured worker was diagnosed as having lumbosacral neuritis NOS; Lumbar-lumbosacral disc degeneration; lumbosacral sprain-strain. Treatment to date has included physical therapy; status post radiofrequency medial branch neurotomy right L3, L4, L5 (9-2-14); medications. Currently, the PR-2 notes dated 9-9-15 indicated the injured worker was last seen in a follow-up on 10-14-14, post lumbar neurotomy right L3, L4 and L5. The provider documents "The patient returns today due to the return of her pain. The previous neurotomy (9-2-14) provided her 90% relief until mid-August of this year, lasting almost one year. Before the neurotomy, she was unable to do any exercise. She returned to the gym, in a very active exercise program, including weight lifting, cardio and hiking. She returned to core-strengthening, stretching, and unlimited activities of daily living. She would occasionally take an ibuprofen, as needed, but it was very rare. Her pain went from 9 out of 10 to a 1 out of 10. Her pain has now returned to 6.5 out of 10 and continues escalating. She has been limiting her exercises over time; she is down to less than half of what she used to do post previous neurotomy. She now takes Ibuprofen four times a week. She finds climbing stairs very difficult. She cannot sit still due to back pain. She is very stiff and achy in the morning. She continues with right low back pain, which will refer to the right hip. The neurotomies almost resolved the symptoms. She is having difficulty at work due to the level of pain. In the past, she has had pain management, pain medication, NSAIDS, physical therapy, chiropractic and injections. The patient returns today with the same back pain that has responded to neurotomies in the past." Medical records include a procedure note from 9-2-14

neurotomy and the follow-up PR-2 note dated 10-14-14. There is no other documentation that demonstrates a current physical examination. A Request for Authorization is dated 10-12-15. A Utilization Review letter is dated 10-1-15 and non-certification for Outpatient repeat medial branch neurotomy at the right L3, L4 and L5. A request for authorization has been received for Outpatient repeat medial branch neurotomy at the right L3, L4 and L5.

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

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

**Outpatient repeat medial branch neurotomy at the right L3, L4 and L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**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 show signs on physical exam meriting this intervention and therefore the request is not medically necessary.