

<b>Case Number:</b>	CM15-0219848		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	08/08/2005
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: California, Oregon, Washington  
 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 71-year-old male who sustained an industrial injury on 8-8-05. The injured worker reported thoracic spine pain with occasional muscle spasms and difficulty sleeping. A review of the medical records indicates that the injured worker is undergoing treatments for pain in thoracic spine and degeneration of thoracic or thoracolumbar intervertebral disc. Medical records dated 4-23-15 indicate pain rated at 7 out of 10. Provider documentation dated 4-23-15 noted the work status as permanent and stationary. Treatment has included Advil, status post laminectomy (1970's), status post rhizotomies of T6-7 and T7-8 on the right with provider documentation noting the rhizotomies "last for approximately 6 months" and "the patient has been receiving these rhizotomies for several years without complications." Objective findings dated 4-23-15 were notable for tenderness to palpation to right thoracic spine, right thoracic paraspinal muscle with myofascial spasms, right facet joint with tenderness at T6-7 and T7-8 and pain upon range of motion. The original utilization review (10-29-15) denied a request for repeated medical branch rhizotomies to T6, T7 and T8 on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeated medical branch rhizotomies to T6, T7 and T8 on the right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 4/23/15 demonstrating this formal plan has been contemplated or initiated. There is inadequate documentation quantifying percentage of pain relief and length of pain relief. Thus, repeat procedure is not medically necessary and the recommendation is not medically necessary.