

<b>Case Number:</b>	CM15-0038898		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/09/1999
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Georgia  
 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 49 year old male injured worker suffered an industrial injury on 6/9/1999. The diagnoses were lumbar post laminectomy syndrome and thoracic/lumbosacral neuritis/radiculitis. The diagnostic studies were magnetic resonance imaging and computerized tomography of the spine. The treatments were 4 back surgeries of laminectomies, fusions and discectomy, TENS, epidural steroid injections and facet injections, radiofrequency ablation and medications. The treating provider reported the pain had progressed and worsened over the last 6 months and mostly over the lumbar region. The pain is daily and constant 7/10 with radiation to the buttocks, mid back and thighs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-L5 radiofrequency ablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

**Decision rationale:** CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70 % reduction pain that lasts for at least two hours is obtained. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the request is for rhizotomy at 3 levels which exceeds the recommendation to perform no more than two levels at a time. Bilateral L2-L5 rhizotomy is not medically necessary.