

<b>Case Number:</b>	CM15-0049239		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old, female, who sustained a work related injury on 1/17/03. The diagnoses have included lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction and myalgias. Treatments have included medications, home exercise program, MRI lumbar spine and medial branch block bilateral at L4 and L5 with 100% pain relief for five hours and 50% pain relief for a few days. In the PR-2 dated 2/4/15, the injured worker complains of low back pain which she rates a 7/10. She is working with restrictions, but is having trouble managing her work. She has tenderness on palpation over tender points. The treatment plan is to await authorization of lumbar spine radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar radiofrequency rhizotomy at bilateral L3, L4 and L5, first on the right, then on the left:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy; Lumbar Spine, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, RF ablation.

**Decision rationale:** The 53 year old patient complains of pain in low back and neck, rated at 7/10, as per progress report dated 02/04/15. The request is for lumbar radiofrequency rhizotomy at bilateral L3, L4 and L5, first on right, then on left. There is no RFA for this case, and the patient's date of injury is 01/17/03. Diagnoses, as per progress report dated 02/04/15, included cervicgia, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, anxiety, depression, myalgia and fibromyalgia. The patient is working with restrictions, as per the progress report. ACOEM Guidelines page 300 and 301 states, "Lumbar facet neurotomies reportedly produce mixed results." For more thorough discussion, ODG Guidelines are referenced. ODG under its low back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be based on a case by case basis. Specific criteria used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at a time and evidence of normal conservative care in addition to facet joint therapy is required. Adequate diagnostic block requires greater than 70% reduction of pain for the duration of analgesic agent use. In this case, the patient has had "a successful medial branch block in bilateral L3, L4 and L5 where she had 100% relief for five hours and then 50% relief for a few days," as per progress report dated 02/04/15. This is consistent with ODG criteria for radiofrequency rhizotomy. Hence, the request IS medically necessary.