

<b>Case Number:</b>	CM15-0050308		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: 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 42 year old female, who sustained an industrial injury on January 12, 2012. She reported injury of the low back, neck, and right upper extremity. The injured worker was diagnosed as having lumbar facet arthropathy, cervical radiculopathy, chronic pain syndrome, and right lumbar radiculopathy. Treatment to date has included lumbar facet injection, medications, electrodiagnostic studies, magnetic resonance imaging, acupuncture, chiropractic treatment, and laboratory evaluations including urine drug screening. On February 23, 2015, she was seen for neck and low back pain, and radiation into both arms down to the hands. She also reports pain in the collarbone area. The treatment plan included: request for a interlaminar lumbar epidural steroid injection, and follow-up in 12 weeks. The request is for lumbar facet rhizotomy bilateral L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet Rhizotomy Bilateral L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification.