

<b>Case Number:</b>	CM15-0052957		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/27/2005
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Illinois, California, Texas  
 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 41-year-old female who sustained an industrial injury on 4/27/05. Injury occurred when she was bending at the waist, and an 80-pound student jumped on her back. The 9/29/14 lumbar spine MRI impression documented disc degeneration with mild diffuse annular disc bulge at L4/5 creating mild central canal stenosis. At L5/S1, there was disc degeneration with minimal disc bulge creating minimal canal compromise, and mild bilateral facet arthropathy. The treating physician reports from 6/19/14 and 1/20/15 documented on-going severe pain with no change in activities of daily living or work status. The 2/18/15 treating physician report cited low back pain radiating to the right leg and foot. She was barely able to walk with her cane and ambulated with her children helping her. She reported worsening pain with a hot sensation radiating down her right leg and calf spasms. Pain was graded 10+/10 with or without medications. She reported that a rhizotomy last May was more than 90% effective for 8 months. Medications included Flexeril, Aleve, Norco, and Neurontin. Physical exam documented severe right thorax and lumbar paraspinal tenderness, positive bilateral straight leg raise, right ankle swelling, constant right knee numbness, and dysesthesia from her right low back down her right hamstring and to the front quadriceps. The treating physician indicated the rest of the lumbar exam was not performed due to severe pain. The diagnosis was chronic low back pain, lumbar facet arthropathy, lumbar/lumbosacral intervertebral disc degeneration, and lumbar radiculopathy. Authorization was requested for bilateral L4/5 and L5/S1 radiofrequency rhizotomy. The treatment plan recommended continued conservative treatments of rest, ice, heat, and gentle stretching and exercise. The 3/5/15 utilization review non-certified the request for

bilateral L4/5 and left radiofrequency rhizotomy as there was no clinical documentation suggestive of prior benefit to radiofrequency rhizotomy to satisfy guideline requirements.

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

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

#### **Bilateral L4-5 and L5-S1 radiofrequency rhizotomy: 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) Low Back Chapter, Lumbar & Thoracic (Acute & Chronic).

**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 (ODG) Low Back i;½ Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain. Criteria state that 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). 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This patient presents with severe low back pain radiating to the right leg and foot. Clinical exam findings do not evidence facet mediated pain, and positive nerve tension signs are documented. There is imaging evidence of facet arthropathy and disc pathology. There is no evidence at a radiofrequency rhizotomy last May produced that stated duration or level of benefit. Progress reports since June 2014 have documented severe levels of pain, and no reduction in medication or significant change in functional ability or work status. Repeat radiofrequency rhizotomy is not supported in the presence of radicular pain and in the absence of guideline-required response. Therefore, this request is not medically necessary.