

<b>Case Number:</b>	CM15-0055586		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/08/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old man sustained an industrial injury on 11/8/2008. The mechanism of injury is not detailed. Diagnoses include lumbosacral spondylosis. Treatment has included oral medications and facet injections. Physician notes dated 2/26/2015 shows complaints of unchanged low back pain rated 6/10. Recommendations include radio frequency ablation to the lumbar spine, radiofrequency rhizotomy, urine drug screen, and Fenoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency rhizotomy right L4-5 and L5-S1, left L2, L3 and L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** This 61 year old male has complained of low back pain since date of injury 11/8/08. He has been treated with facet joint injections, physical therapy and medications. The

current request is for Radiofrequency rhizotomy right L4-5 and L5-S1, left L2, L3 and L4. Per the ACOEM guidelines cited above, there is no good high quality literature that supports radiofrequency rhizotomy in the treatment of low back complaints and it is currently not recommended as a therapeutic intervention. On the basis of the available medical records and per the MTUS guidelines cited above, radiofrequency rhizotomy right L4-5 and L5-S1, left L2, L3 and L4 is not medically necessary.