

<b>Case Number:</b>	CM15-0084289		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 55 year old male who sustained an industrial injury on 05/09/2014. She reported left shoulder pain radiating to the neck and left hand, worse with reaching and lifting; and low back pain, radiating to the right foot, worse with bending and twisting. The injured worker was diagnosed as having: lumbar radiculopathy; left rotator cuff syndrome; left biceps tendon tear, initial; and neck sprain, initial. Treatment to date has included transforaminal epidural steroid injections, oral and topical pain medications, physical therapy and chiropractic care. Currently, the injured worker complains of low back pain. A diagnostic medial branch block was performed on 02/23/2015. A request was made for a radiofrequency neurolysis left L4-S1. On 04/10/2015 the Utilization Review agency non-certified the request for radiofrequency neurolysis left L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency neurolysis left L4-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 section, radiofrequency ablation.

**Decision rationale:** Pursuant to the Official Disability Guidelines, radiofrequency neurolysis left L-S1 is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional evidence-based conservative care in addition to fast joint therapy. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and impingement syndrome left shoulder. The documentation indicates the injured worker had a lumbar L4 - L5 epidural steroid injection (times two). According to a February 3, 2015 anesthesiologist report, the injured worker's radiculopathy was improved with an epidural steroid injection (2). However, the injured worker continues to complain of 4/10 low back pain with positive after facet maneuvers. Subjectively, the injured worker has low back pain with intermittent right leg numbness following the epidural steroid injection times 2 pending repeat. Objectively, there is tenderness palpation over the thoracolumbar spine and paravertebral musculature. The guidelines recommend a medial branch blocks (diagnostic block) prior to radiofrequency ablation/neurolysis. The treating provider is requesting radiofrequency neurolysis, but has not recommended a medial branch block as a prelude to the radiofrequency neurolysis. Consequently, absent a (diagnostic block) medial branch block with documentation of a right lower extremity radiculopathy, radiofrequency neurolysis left L4-S1 is not medically necessary.