

<b>Case Number:</b>	CM13-0009101		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 51-year-old gentleman who was injured in a work related accident on March 9, 2009 sustaining injury to the right arm and the low back after lifting a hose. The clinical records for review fail to demonstrate any imaging in regards to the claimant's low back. The records for review also fail to demonstrate formal clinical evaluation report to confirm or refute physical examination findings. Recent conservative care for the claimant's low back includes medication management, activity restrictions as well as prior lumbar medial branch blockade. It is unclear as to what date the blockade occurred. At present there is a request for a facet rhizotomy to the lumbar spine to be performed for further definitive care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radio frequency Rhizotomy, right lumbar:** 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): 300.

**Decision rationale:** The California MTUS Guidelines states, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine

provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Facet rhizotomy is only indicated in situations where treatment of a diagnostic facet joint injection resulted in appropriate findings on diagnostic blockade. Records do not indicate the claimant's response from diagnostic facet blockade nor do they indicate formal physical examination findings, imaging or understanding of recent treatment that would support the role of a rhizotomy procedure at this time. The absence of the above clinical findings would fail to necessitate the role of this requested service at present.