

<b>Case Number:</b>	CM13-0049919		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/2002
<b>Decision Date:</b>	03/08/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 49-year-old female who sustained a low back injury on August 26, 2002. The clinical records provided for review included a recent assessment on November 7, 2013 by the treating physician [REDACTED] documenting that the claimant continued with complaints of low back pain, chronic in nature with bilateral lower extremity radicular complaints. The physical examination was documented to show tenderness to palpation over the L4-S1 levels with sensory and motor examination "unchanged" and positive facet sign notes. Based on the significant diminished function a rhizotomy was recommended at the L4-S1 level bilaterally. [REDACTED] noted that a prior diagnostic blockade provided greater than 80 percent pain relief in a temporary fashion. There was also a clinical assessment by [REDACTED] on May 21, 2013 giving the claimant a diagnosis of facet arthropathy with physical examination showing tenderness of the lumbar spine with no sensory or motor deficit. It was noted that previous facet blocks performed September 5, 2013 were performed under IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-S1 radiofrequency/rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure - Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guideline the role of radiofrequency rhizotomy is supported when there has been a positive response to diagnostic facet joint injections using medial branch blockade. In looking at the diagnostic criteria for medial branch blockades, the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The request for IV sedation in the claimant's diagnostic blockade would thus have created a false positive finding. The request for facet rhizotomy based on the blocks that were performed under IV sedation cannot be supported.