

<b>Case Number:</b>	CM14-0149863		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/04/2006
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in California and Nevada. 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/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:

This 44 year old male was injured 5/4/06. The patient has been treated for low back pain. The diagnoses are facet arthrosis of L4-5 and L5-S1, multilevel lumbar degenerative disc disease, and transverse process impingement with ala at right L5. A repeat RF neurotomy had been done at L-3, 4, and 5 on 12/10/13. Benefit of 60-70 % had been attained x 6 weeks post procedure. Bilateral sacroiliac joint injections were done 3/18/14 and a right L5 transverse process/sacral ala injection was done 5/13/14. These latter two procedures failed to be of benefit. This was for unremitting right low back pain. This resulted in the patient having medial branch blocks performed 7/3/14 at L4-5 and L5-S1. The patient derived 85-90% benefit that day relieving central low back pain. Thus was the request for bilateral RF neurotomies at L3, 4, and 5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BILATERAL L3, L4 AND L5 LUMBAR NEUROTOMY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Facet joint Radiofrequency neurotomy, Pg. 36

**Decision rationale:** RF neurotomy is indicated after a branch block has achieved at least 50 % benefit for 12 weeks and the procedure should only be done 2 X per year and each at least 6 months apart. In this case the documentation is of greater than 50% benefit in terms of pain but there is not mention of improved function or of decreased analgesic requirement beyond that specific day. The duration is only that day. "2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 6 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). No more than 2 procedures should be performed in a year's period."