

<b>Case Number:</b>	CM14-0080196		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/09/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

The patient is a 59 years old male with an injury date on 05/09/2003. Based on the 03/04/2014 progress report provided by [REDACTED], the patient complains of chronic lumbar spine pain. Objective finding indicates the patient "can flex the lumbar spine to only 30 degree, no further because of severe muscle spasm and pain in the lumbar spine." The 11/11/2013 report indicates the patient "pain is the same, same intensity." Pain is rated as an 8/10 in the back and both legs. Straight leg raising is negative bilaterally at 80 degree with back pain but no radicular pain. The 05/09/2014 report indicates a MRI was perform today and demonstrated the patient is status post L5-L1 posterior fusion. Inflammatory changes and degenerative changes with synovitis noted at L3-L4 and L5 interspinous ligaments. MRI report of the lumbar spine was not included in the file for review. The patient's diagnoses are: 1. Facet syndrome2. Bastrop's syndromeThere were no other significant findings noted on this report. The utilization review denied the request on 05/09/[REDACTED] is the requesting provider and provided treatment reports from11/11/2013 to 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), th

**Decision rationale:** According to the 03/04/2014 report by [REDACTED] this patient presents with chronic lumbar spine pain. The physician is requesting a repeat lumbar facet Rhizotomy. The utilization review denial letter state "non- certify the request for lumbar RFA pending the MRI result." Regarding repeats neurotomies, ODG Guidelines states "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." Review of progress reports from 11/11/2013 to 05/09/2014, do not document decreased pain level such as VAS, no mentioned of medication reduction and documents of functional improvement. ODG requires documentation of improved VAS score and decrease in medication to warrant a repeat injection. The request is considered not medically necessary.