

<b>Case Number:</b>	CM15-0108110		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	11/15/1994
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 53 year old male, who sustained an industrial injury on November 15, 1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral spine spondylosis without myelopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, physical therapy, medication regimen, and medial branch blocks in September 2014. In a progress note dated March 12, 2015 the treating physician reports complaints of dull, pain to the back that radiates to the bilateral lower extremities. Examination reveals decreased range of motion to the lumbar spine, positive straight leg raise to the right lower extremity, and tenderness to the lumbar facet joints. The injured worker's pain level was rated a 9 out of 10 without the use of his medication regimen and rates the pain a 5 out of 10 with the use of the injured worker's medication regimen. The medical records provided included a progress note from April 20, 2015 with the treating physician noting that the injured worker had 90% relief after a medial branch block, but has not had neurolysis. The treating physician requested bilateral lumbar three, four, and five neurolysis, noting that the injured worker has had successful results from two previous medial branch blocks and noted that the injured worker should have long term relief for the back symptoms with the requested treatment and also had failed prior conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar 3, 4, 5 neurolysis: 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, Low Back (lumbar & Thoracic) (Acute & Chronic): Facet joint radiofrequency neurotomy (2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back, Radiofrequency Ablation, pages 300-301.

**Decision rationale:** The patient has undergone multiple previous medial branch blocks with reported relief now with request for RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported chiropractic treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for multilevel disc protrusions. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI finding is without severe evidence for significant correlating facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of specific reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria to support for RFA over multiple levels (L3, L4, L5). The Bilateral Lumbar 3, 4, 5 neurolysis are not medically necessary and appropriate.