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| <b>Case Number:</b>   | CM15-0109712 |                              |            |
| <b>Date Assigned:</b> | 06/16/2015   | <b>Date of Injury:</b>       | 05/23/2006 |
| <b>Decision Date:</b> | 07/15/2015   | <b>UR Denial Date:</b>       | 05/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/08/2015 |

### 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, Pain Management

### 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 68 year old male, who sustained an industrial injury on 5/23/2006. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar stenosis, lumbosacral disc degeneration, lumbago and lumbar radiculitis. Lumbar magnetic resonance imaging showed multi-level lumbar degenerative disc disease with herniated nucleus pulposus. Treatment to date has included therapy and medication management. In a progress note dated 5/6/2015, the injured worker complains of lumbar pain, rated 2/10. The injured worker reported some improvement from the prior facet injections. Physical examination showed lumbosacral tenderness. The treating physician is requesting bilateral radiofrequency neurotomy at lumbar 5-sacral 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral radiofrequency neurotomy at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG),

Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** Regarding the request for radiofrequency neurotomy, CA MTUS and ACOEM cite that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Within the documentation available for review, while the patient reportedly had pain relief from facet joint injections, there is no indication of medial branch blocks having been performed with at least 70% relief as outlined above. In light of the above issues, the currently requested radiofrequency neurotomy is not medically necessary.