

<b>Case Number:</b>	CM15-0115276		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 42 year old male, who sustained an industrial injury on 8/10/10. Initial complaints were not reviewed. The injured worker was diagnosed as having displacement of thoracic or lumbar intervertebral disc without myelopathy; myalgia and myositis unspecified; thoracic or lumbosacral neuritis or radiculitis unspecified; sprain of sacroiliac ligament; displacement of lumbar intervertebral disc without myelopathy; spondylolisthesis; postlaminectomy syndrome; other symptoms referable back; postlaminectomy syndrome lumbar region; spinal stenosis lumbar region without neurogenic claudication. Treatment to date has included thoracic epidural steroid injection; bilateral lumbar facet medial branch block L3, L4, L5 (11/26/14); medications. Diagnostics included MRI lumbar spine (5/17/11; 3/3/12); CT scan lumbar spine; MRI thoracic spine (5/17/11; 3/3/12); EMG/NCV study (10/2011). Currently, the PR-2 notes dated 4/15/15 indicated the injured worker complains of neck and low back pain. The he reports pain levels of 6/10 with medications and 8-9/0 without medications. He went to the emergency room on 4/10/15 for upper back pain and thoracic spine x-ray was done and he was discharged. He reports having difficulty getting his medications and sometimes runs out as they were delivered to the wrong place. On physical examination the provider details straight leg raising, Patrick's and facet loading tests were all positive. Sensation and strength were within normal limits in the bilateral upper and lower extremities. There was tenderness to palpation over the cervical paraspinal muscles, upper trapezius, scapular border and lumbar paraspinal muscles. The provider reviewed a CT of the lumbar spine with myelogram (no date) showing L4-L5 a 3-4mm broad based disc protrusion without significant central canal or lateral recess stenosis; mild

neural foraminal encroachment bilaterally, right greater than left, secondary to left intraforaminal disc protrusion and facet hypertrophy. At L5-S1, significant lateral spondylosis of the left pars interarticularis with anterolisthesis of the left side of the L5, resulting in rotary subluxation. No central canal or lateral recess stenosis. Mild right and severe left neural foraminal encroachment. The provider documents the transforaminal epidural steroid injection helped relieve thoracic pain by 100% and denies any pain and increased stability. The treatment plan notes the provider is awaiting authorization for the left and then the right L3, L4 and L5 medial branch radiofrequency ablation as he previously had a successful medial branch block at those levels. He will continue with home exercise program. At this time the provider is requesting authorization of Lumbar radiofrequency rhizotomy at L3, L4 and L5 levels with fluoroscopy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar radiofrequency rhizotomy at L3, L4 and L5 levels with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Radiofrequency Ablation, 300-301. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint Radiofrequency neurotomy, pages 420-422.

**Decision rationale:** 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. 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 s/p ESI with reported relief. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc protrusions without evidence for significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The Lumbar radiofrequency rhizotomy at L3, L4 and L5 levels with fluoroscopy are not medically necessary and appropriate.