

<b>Case Number:</b>	CM15-0118534		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Orthopedic Surgery

### 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 46 year old male sustained an industrial injury to the low back on 6/15/03. Previous treatment included lumbar fusion with lumbar disc replacement (2009), physical therapy, aqua therapy, nerve blocks, epidural steroid injections and medications. In a PR-2 dated 4/8/15, the injured worker had undergone left sided L5-S1 transforaminal injection (3/18/15) with little or no improvement of symptoms. The injured worker reported that facet block at L4-5 (2/18/15) provided moderate improvement. Physical exam was remarkable for focal midline tenderness to palpation at L4 through S1 and at the bilateral superior iliac crest and sacroiliac joint, with decreased lumbar spine range of motion, antalgic gait on the left side, intact sensation to bilateral lower extremities with decreased extensor hallucis longus muscle strength. Current diagnoses included status post artificial disc replacement at L4-5, anterior lumbar interbody fusion at L5-S1, possible pseudoarthrosis L5-S1, possible failed artificial disc at L4-5, foraminal stenosis left greater than right at L5-S1. The physician noted that at this point, it seemed that the symptoms emanated from the L4-5 facet joint. The physician stated that prior x-rays showed calcification along the lateral annulus bilaterally as well as anteriorly at L4-5. The physician recommended L4-5 facet rhizotomy to help control and manage pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Rhizotomy L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification.