

<b>Case Number:</b>	CM15-0125032		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 female, who sustained an industrial injury on 4/14/2003. She reported a slip and fall with injury to the back. Diagnoses include sacroccodynia, lumbar facet syndrome, status post lumbar fusion, occipital neuralgia secondary to chronic muscle spasm, and depressions and insomnia secondary to pain. Treatments to date include medication therapy, trigger point injections, acupuncture treatments, physical therapy, psychotherapy, and therapeutic injections. The records indicated prior ganglion block and facet rhizotomy were effective up to 60-80% improvement in pain for approximately 8 weeks. Currently, she complained of a gradual increase in the mid to low back pain. On 5/20/15, the physical examination documented myofascial tenderness in the lumbar region. The plan of care included radiofrequency ablation/ rhizotomy/neurotomy to bilateral L3-L4, and L4-L5 level under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-4 and L4-5 Radiofrequency Ablation/Rhizotomy/Neurotomy under Fluoroscopic Guidance:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." There is no evidence of additional conservative care beside the radiofrequency ablation. Therefore, the request for Bilateral L3-4 and L4-5 Radiofrequency Ablation/Rhizotomy/Neurotomy under Fluoroscopic Guidance is not medically necessary.