

<b>Case Number:</b>	CM15-0128704		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Massachusetts

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 49 year old female, who sustained an industrial injury on 2/20/2008. Diagnoses include discogenic lumbar condition with two level disc disease and chronic pain syndrome. Treatment to date has included diagnostics, completion of a functional restoration program, physical therapy, medications including anti-inflammatories, Flexeril, Tramadol ER, Protonix, Topamax and Naproxen, injections, use of a cane, transcutaneous electrical nerve stimulation (TENS), and ice application. Per the Primary Treating Physician's Progress Report dated 12/31/2014, the injured worker reported constant low back pain. She is developing more pain on the right knee with instability. She is walking with the use of a cane. She has muscle spasm, stiffness and tightness. She takes medications to be functional and reports 50% reduction in pain with the use of medications. Physical examination revealed tenderness across the lumbar paraspinal muscles and pain with facet loading. She has positive straight leg raise on the right at 60 degrees. The plan of care included medications. Authorization was requested for bilateral L4- 5 and L5-S1 neurotomy/Rhizotomy under fluoroscopic guidance and follow-up two weeks post injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopic guidance neurotomy/rhizotomy bilateral L4/L5 and L5/S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work injury in February 2008 and continues to be treated for low back pain. Case notes reference diagnostic medial branch blocks, however, neither the procedure report nor a description of the procedure performed was provided. When seen, pain was rated at 10/10 without medications. There was decreased range of motion including pain with lumbar extension. There was lumbar paraspinal muscle and facet joint tenderness. The report references 100% pain relief lasting for more than two hours after the diagnostic injection. Authorization for radiofrequency ablation treatment was requested. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks, that no more than two joint levels are performed at one time, and that there is evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the claimant has failed to benefit from prior conservative treatments. Although the claimant is reported to have undergone diagnostic blocks with a positive response, the documentation submitted is inadequate in terms of determining when and how that procedure was performed. The requested medial branch radiofrequency nerve ablation is not medically necessary.

**Follow up visit 2 weeks post injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant sustained a work injury in February 2008 and continues to be treated for low back pain. Case notes reference diagnostic medial branch blocks, however, neither the procedure report nor a description of the procedure performed was provided. When seen, pain was rated at 10/10 without medications. There was decreased range of motion including pain with lumbar extension. There was lumbar paraspinal muscle and facet joint tenderness. The report references 100% pain relief lasting for more than two hours after the diagnostic injection. Authorization for radiofrequency ablation treatment was requested. Office visits are recommended as determined to be medically necessary. In this case, being requested is follow-up two weeks after a medial branch radiofrequency ablation procedure, which is not medically necessary. Therefore, the requested follow-up after the procedure is also not medically necessary.

