

<b>Case Number:</b>	CM15-0048445		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Preventive Medicine, Occupational 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 53-year-old female who sustained an industrial injury on January 15, 2010. She has reported injury to the lower back and has been diagnosed with acute postoperative revision lumbar spine multilevel lumbar spine instrumentation surgery, chronic lumbar spine pain, and opioid dependence. Treatment has included exercises, physical therapy, injections, and medications. Currently the injured worker complains of severe lumbar spine pain and severe anxiety. The treatment request included a cervical radiofrequency thermocoagulation and lumbar radiofrequency thermocoagulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Radio-Frequency Thermocoagulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** According to the Official Disability Guidelines, cervical neurotomies are still under investigation. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function; consequently, cervical neurotomy cannot be recommended. Cervical Radio-Frequency Thermocoagulation is not medically necessary.

**Lumbar Radio-Frequency Thermocoagulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the Official Disability Guidelines, the criteria for use of facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block, and facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. Lumbar Radio-Frequency Thermocoagulation is not medically necessary.