

<b>Case Number:</b>	CM15-0069857		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39 year old male, who sustained an industrial injury on 7/15/2009. He reported a lifting type injury to the low back with radiation to bilateral lower extremities. Diagnoses include degenerative disc disease with disc protrusion and neural foraminal stenosis. Treatments to date include Ibuprofen, physical therapy, chiropractic therapy, home exercise, rhizotomy and epidural injections. A 1/12/15 progress report indicate the patient has chronic low back pain and bilateral leg pain. Currently, he complained of chronic low back pain rated 10/10 VAS, and associated with numbness in bilateral feet. On 2/24/15, the physical examination documented lumbar tenderness, positive facet loading and decreased range of motion. The patient has DTR 1+ hypoesthesia in both feet right more than left and 1+ DTR bilaterally. The plan of care included radiofrequency ablation bilaterally at L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Radiofrequency Rhizotomy Bilaterally at L4-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 (ODG) Treatment Index, 13th Edition (web), 2015, Low Back Chapter, facet Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Facet joint diagnostic blocks (injections)and Facet joint radiofrequency neurotomy.

**Decision rationale:** Repeat Radiofrequency Rhizotomy Bilaterally at L4-S1 is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Guidelines state that 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that facet blocks should be limited to patients with low-back pain that is non-radicular. The documentation indicates that the patient has numbness in his feet and leg pain suggestive radicular pain. This suggests that the patient's symptoms are not pure facetogenic and therefore this request for repeat radiofrequency rhizotomy bilaterally at L4-S1 is not medically necessary.