

<b>Case Number:</b>	CM15-0078275		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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:

The injured worker is a 65-year-old male who sustained an industrial injury on 08/07/2000. Current diagnoses include axial low back pain. Previous treatments included medication management, rhizotomy, facet injections, and medial branch block. Report dated 10/27/2014 noted that the injured worker presented with complaints that included back pain and leg pain. Pain level was not included for review. Physical examination was positive for abnormal findings. The treatment plan included continue with Celebrex, request for repeat lumbar rhizotomy, and follow up in 4-6 weeks. A report dated 04/13/2015 noted that the injured worker has received over one year of relief from the prior rhizotomy with as much as 75-80% overall relief. It was also noted that the joint levels for the rhizotomy are L4, L5, and S1 bilaterally. Disputed treatments include 1 lumbar rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbar Rhizotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic), Criteria for use of facet joint radiofrequency neurotomy.

**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 10/27/14 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is not medically necessary.