

<b>Case Number:</b>	CM13-0033045		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old male who had a date of work injury 5/23/06. The diagnoses include lumbar stenosis, lumbar disc displacement, post-laminectomy syndrome and displacement of the intervertebral disc without myelopathy. Per documentation patient has had lumbar surgery on 7/7/09 and 10/3/11. An 8/14/13 MRI (magnetic resonance imaging) shows disc prosthesis at L3/4 with fusion/laminectomy at L4/5. There is facet arthropathy at L3/4. The patient was considered permanent and stationary of 11/10/10. There is a request for a bilateral L5-S1 facet block with rhizotomy. There is a 9/4/13 primary treating physician progress report that states that he returns with complaints of ongoing aching pain in the low back with pain that will extend to the mid back that is unchanged. The patient lies down in the day and uses his pain medication throughout the day. He is using Norco and Soma daily. The pain is unchanged other than the pain in the left side of the low ack. He complains of frequent moderate pain in his low and mid back and left leg. He denies associated numbness/tingling. On examination there is no change on examination. His abdominal incision is healing well. There is no sign of active infection. His motor strength is 5/5 bilaterally in muscles testing with intact sensation. Straight leg raise is negative bilaterally. X rays show that the hardware is well positioned with no significant change. The treatment plan states that the patient has ongoing pain of the low back and in both legs with the left leg more affected than the right. There is a request for a facet block bilaterally and a rhizotomy at L5-S1. A 3/19/14 primary treating physician report notes that the patient complains of low back pain with increased left lateral calf and foot numbness and burning. On examination motor strength is 5/5 in the lower extremities with no decrease in sensation. There is a negative straight leg raise and tenderness midline and on the right paraspinal muscles overlying the pedicle screws. An electrodiagnostic study performed on 2/1/13 reveals a chronic

left L5 denervation (radiculopathy). The exam reveals a positive straight leg raise. A 4/18/13 progress report indicates that the patient has bilateral radicular symptoms. The patient states that he does not want an injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BILATERAL L5-S1 FACET BLOCK AND RHIZOTOMY IN THE LOWER BACK AREA WITH DR. ALEXANDER HESEL: Upheld**

**Claims Administrator 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), and ASIPP (American Society of Interventional Pain Physicians) Practice Guidelines.

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

**Decision rationale:** The request for a bilateral L5-S1 facet block and rhizotomy is not medically necessary per the MTUS/ACOEM guidelines. The guidelines states that 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. The Official Disability Guidelines (ODG) states that facet blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. A rhizotomy should not be performed unless there is a diagnosis of facet joint pain which is relieved using a medial branch block. The documentation indicates that the patient has radicular symptoms in which a facet block is not indicated. Furthermore a rhizotomy should be performed only if a facet block provided benefit. Without benefit of a facet block a rhizotomy would not be necessary. Therefore the request for bilateral L5-S1 facet block and rhizotomy is not medically necessary.