

<b>Case Number:</b>	CM13-0040553		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/12/2013
<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, and is licensed to practice in California. 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 injured worker is a 43-year-old female who reported an injury on 12/4/08. The mechanism of injury was not provided. The clinical documentation of 8/2/13 revealed that the injured worker had positive pain with extension. The injured worker had spasms at L4 through L5. The injured worker had pain in the low back and buttocks. Subsequent documentation of 11/8/13 revealed that the injured worker had pain in the low back. The injured worker had a right medial branch nerve block in April 2012. The injured worker had a positive compression test at L3 through L5 and increased pain with extension. The diagnoses included lumbar facet syndrome in the left side, and status post right L4 through S1 medial branch nerve RFA with good response. The treatment plan included a left L3 through S1 diagnostic medial branch block, a home exercise program, and medications. It was indicated that if the injured worker had good relief greater than 70%, there would be a medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT L4-L5-S1 MEDIAL BRANCH NERVE RHIZOTOMY: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended, as 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. 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate that radiofrequency neurotomies are under study. However, the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than two levels bilaterally. The clinical documentation submitted for review failed to indicate the injured worker had a response of 70% relief of pain. There was a lack of documentation of tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination and a normal straight leg raise to support the necessity for a rhizotomy. Given the above, the request for a left L4-L5-S1 medial branch nerve rhizotomy is not medically necessary.