

<b>Case Number:</b>	CM13-0050172		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 50-year-old male who reported a work-related injury on 8/1/11. The specific mechanism of injury was not stated. The patient presents for treatment of lumbar spondylosis with diagnostic response to L4-5 medial branch block, lumbar radiculopathy S1 distribution, C6 right radiculopathy, COPD, history of left axillary lymphoma status post radiation, and history of anxiety and depression. The clinical note dated 9/11/13 reports the patient underwent bilateral L4 and L5 dorsal ramus medial branch block. The clinical note dated 10/15/13 reports that the patient was seen in clinic under the care of [REDACTED]. The provider documented a review of the patient's pain diary, which revealed rate of pain decrease from 9/10 to 1-2/10 status post the blocks. The patient currently rates his pain 8- 9/10 without medication. The provider documented that the patient he presented with myofascial tenderness, paravertebral facet tenderness, spasms, and decreased range of motion. The provider documents that the patient has had a diagnostic response to medial branch blocks and presents with axial spine pain, which is primarily non-radicular and worse with extension and axial rotation. The provider documented the patient is not a surgical candidate for corrective spine surgery secondary to comorbid conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for left L4 and L5 dorsal ramus radiofrequency lesioning:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** The California MTUS/ACOEM indicates that lumbar facet neurotomies produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The patient presents with lumbar spine pain complaints. The provider documented administering medial branch diagnostic blocks at the L4 and L5 levels. The patient reported a significant decrease in his rate of pain status post administration of the blocks. The patient has exhausted all lower levels of conservative treatment including physical therapy, a medication regimen, and activity modifications without resolve of his symptomatology. The provider documented that patient is not a surgical candidate due to significant comorbidities. Given all the above, the request is medically necessary and appropriate.

**request for right L4 and L5 dorsal ramus radiofrequency lesioning:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** The California MTUS/ACOEM indicates that lumbar facet neurotomies produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The patient presents with lumbar spine pain complaints. The provider documented administering medial branch diagnostic blocks at the L4 and L5 levels. The patient reported a significant decrease in his rate of pain status post administration of the blocks. The patient has exhausted all lower levels of conservative treatment including physical therapy, a medication regimen, and activity modifications without resolve of his symptomatology. The provider documented that patient is not a surgical candidate due to significant comorbidities. Given all the above, the request is medically necessary and appropriate.