

<b>Case Number:</b>	CM13-0053470		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/30/2004
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 & 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 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 65 year old male with a date of injury of 9/30/2004. Review of the submitted records indicates the patient has been treated for persistent low back pain. Per the evaluation on 11/6/2013, the relevant objective findings included difficulty rising to a seated position. His range of motion of the cervical and lumbar spines remained limited. He has tenderness to palpation of the lumbar spine. The sensation is diminished of left L3, L4, L5 and S1 dermatomes and the muscle strength of the left tibialis anterior, extensor hallucis longus and inversion is 4-5, the muscle strength of the left plantar flexion is 4-5 and the muscle strength in left eversion is 4+/5. There is a 10/16/13 document from the primary treating physician stating that the patient had a medial branch block on 9/5/13 and for the first day or two he had 100% relief and then the pain increased and returned to his baseline level and has been persistent ever since. During that first few days he was able to do more activities around the house with less pain in general. There is a 10/17/13 document that certified the prospective request for 1 medial lumbar rhizotomy at L4-L5 and L5-S1 bilaterally between 9/18/2013 and 12/16/2013. Another document indicated that on 11/13/13, the patient had a radiofrequency ablation at the bilateral L4-5, L5-S1 facet medial branch nerves with fluoroscopy for spinal injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A lumbar rhizotomy on the right side at L4-5 and L5-S1: 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)

**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) Lumbar Spine, Facet Joint radiofrequency neurotomy.

**Decision rationale:** Lumbar rhizotomy on the right side at L4-5 and L5-S1 is not medically necessary/appropriate at this point in time per the MTUS and ODG guidelines. The MTUS states that quality literature does not exist regarding lumbar radiofrequency neurotomy of facet joint nerves. The ODG guidelines recommend that repeat neurotomies should not occur at an interval less than 6 months from the first procedure. Additionally, there should be at least 12 weeks of documented relief from the first procedure. The patient had the bilateral L4-5, L5-S1 facet medial branch nerves with fluoroscopy on 11/13/13. It has not been 6 months yet from the prior procedure and also there is no documentation of an adequate period of sustained pain relief including a documented increase in function, decrease in VAS score, and decreased medication since prior procedure.

**Nortriptyline HCl 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics and Anti-depressants for chronic pain Page(s): 22, 13-14.

**Decision rationale:** Nortriptyline HCL 25mg #60 is not medically necessary. The MTUS states that Tricyclics are generally considered a first-line agent for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. Per documentation patient has been on Nortriptyline since at least February 2013 for neuropathic pain. Documentation submitted reveals no significant increase in function or improvement in pain level on this medication; therefore, Nortriptyline is not medically necessary.