

<b>Case Number:</b>	CM13-0056273		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Emergency Medicine, and is licensed to practice in New York. 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 54-year-old female who was injured on June 18, 2008. The patient continued to experience lower back pain. On October 13, 2013, the patient had bilateral L3-L5 medial bundle branch block. She stated that she received 80% relief and her numbness went away. Examination of the lumbar spine revealed diffuse tenderness over the paraspinal musculature, mild facet joint tenderness at L4-S1, positive straight leg raising bilaterally, and decreased sensation along the L5 dermatomes bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET RHIZOTOMY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Facet rhizotomy is under study. Conflicting evidence is available as to the efficacy of this procedure, and approval of treatment should be made on a case-by-case basis. Criteria for facet rhizotomy include a diagnosis of facet joint pain using a medial branch block. Facet joint pain is indicated by tenderness to palpation in the paravertebral areas (over the facet

region), normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising. In this case, the patient did not have indications of facet joint pain. She had positive straight leg raising and dermatomal numbness bilaterally. The diagnosis of facet joint disease is not clear. In addition the medial branch block was performed at three levels. Criteria for medial branch block are clear that no more than two joint levels should be blocked at any one time. Medical necessity is not established and the request is noncertified.