

<b>Case Number:</b>	CM13-0064638		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Orthopedic surgeon and is licensed to practice in Arizona. 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 65-year-old male who sustained an injury on April 22, 2009; the mechanism is not specified. In the course of his treatment he underwent a laminectomy at L4 and L5 plus a left partial facetectomy at L5-S1 and L4-L5, a posterior lateral fusion from L4-S1 and a lumbar inner body fusion at L4-5. He is still complaining of pain in the back with radiation into the lower extremities. He received a caudal epidural on April 8, 2013 and did report significant relief of his back pain. He is also on medication consisting of Percocet, Relafen, Flexeril, omeprazole, and gabapentin. Since he had persistent left-sided back pain, a request was made for a diagnostic medial branch nerve block injection in anticipation of doing a facet rhizotomy. The patient had a diagnostic injection on July 29, 2013 and according to his provider, he had 80% relief of pain on the left, which lasted two (2) hours. There was no relief of right-sided back pain. The request is now made for a facet rhizotomy on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT LUMBAR PERCUTANEOUS STEREOTACTIC RADIOFREQUENCY RHIZOTOMY, UNDER C-ARM FLUOROSCOPY, AT L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back complaints, radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation the Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** The ACEOM guidelines state, with regards to low back complaints, invasive techniques such as local injections or facet joint injections of cortisone and lidocaine are of questionable merit. While radiofrequency neurotomy of the facet joint nerves in the cervical spine does provide good temporary relief of pain, quality literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. This patient had a diagnostic block, which produced 80% relief of pain for 2 hours on the left side but no relief on the right side, and while the provider mentioned in follow-up visits that the patient received good relief, he also mentions that the patient on subsequent follow-up visits still had pain and tenderness over the facet joints. He states the left side was better than the right side. However, there is no documentation on how much relief the patient experienced and for how long after the initial 2 hours were up. The ODG states that diagnostic facet block should not be performed in patients who have had a previous fusion procedure in the planned injection level. The patient should also document with a visual analog scale (VAS), the maximum pain relief and maximum duration of pain relief. No more than 0.5cc of injective should be given at each joint. It should be limited to patients with low back pain that is nonradicular. This patient has a history of radicular pain. He had a fusion at the level of the medial branch block; he received 1cc of injectate, which is above the recommended 0.5cc at the L5-S1 level. Therefore, after consideration of both the ACEOM and the ODG guidelines, the medical necessity of a facet rhizotomy has not been established.