

<b>Case Number:</b>	CM13-0069088		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/13/2007
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain associated with an industrial injury of August 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications, including Lyrica; unspecified amounts of physical therapy over the life of the claim; and prior medial branch blocks on November 5, 2013. In an Agreed Medical Evaluation supplemental report of July 15, 2013, the agreed medical evaluator states that the applicant does meet the criteria for pursuit of a trial facet block. In a clinical progress note of November 25, 2013, the applicant is described as having L4-L5 diagnostic facet injections on November 5, 2013, which generated improvement at 50% which lasted 8 to 10 days. The applicant is still on Lyrica and Lidoderm. Motrin is causing some stomach upset. The applicant is also on Desyrel and tizanidine. The applicant reportedly has limited and painful lumbar and cervical range of motion with normal sensory exam and normal motor and deep tendon reflexes. It is stated that the applicant should obtain a radiofrequency rhizotomy procedure for prolonged pain relief owing to her favorable response to the previous diagnostic facet blocks. Ibuprofen, tizanidine, and Desyrel are refilled. The applicant's work status is not clearly detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH RHIZOTOMY AT L4-L5 AND L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM 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 rationale:** As noted in the MTUS-adopted ACOEM Guidelines, lumbar facet neurotomy/rhizotomy procedure should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the attending provider has posited that the applicant has responded favorably to prior diagnostic medial branch blocks performed on November 5, 2013. The attending provider has seemingly posited that the applicant no longer has any radicular complaints and that the applicant's pain issues are predominantly facetogenic as of present. Given the applicant's reportedly favorable response to the same and 8 to 10 days of pain relief effected as a result of the same, a trial radiofrequency rhizotomy procedure is indicated, appropriate, and tepidly endorsed by ACOEM. Therefore, the request is certified, on Independent Medical Review.