

<b>Case Number:</b>	CM14-0002047		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in 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 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 injured worker is a 36-year-old female who reported an injury on 05/26/2011. The mechanism of injury was not specifically stated. The current diagnoses include displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, lumbar facet joint syndrome, lumbago, thoracic or lumbosacral neuritis or radiculitis, cervical facet joint syndrome, headache, dizziness, disorders of the bursae and tendons in the right shoulder, psychosexual dysfunction, dysthymic disorder, and insomnia. The injured worker was evaluated on 12/02/2013. The injured worker reported persistent shoulder pain, neck pain, and lower back pain. Previous conservative treatment includes physical therapy, acupuncture, TENS therapy, hot/cold therapy, medication management, lumbar epidural steroid injection, and facet joint injection. Physical examination on that date revealed sensory deficit in bilateral lower extremities, motor deficit in bilateral lower extremities, tenderness to palpation, spasm, tenderness at the facet joints bilaterally, and limited lumbar range of motion. Treatment recommendations at that time included a radiofrequency rhizotomy of the lumbar facet joints at L4-5 and L5-S1 as well as an epidural steroid injection. Surgical clearance from an internal medicine specialist and a psychologist was also recommended at that time. It is noted, the injured worker underwent an MRI of the lumbar spine on 01/28/2013, which indicated a 3 mm central disc protrusion at L4-5 without evidence of neural foraminal narrowing, and a 5 mm central disc protrusion with an annular tear at L5-S1 without evidence of neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RADIOFREQUENCY RHIZOTOMY OF THE LUMBAR FACETS AT LEVELS L4-L5 AND L5-S1 WITH A LUMBAR EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, the injured worker does demonstrate facet joint tenderness upon physical examination. The injured worker is status post lumbar facet joint block at the medial branch levels of L4-5 and L5-S1. Although it is noted that the injured worker reported 50% pain relief, there was no objective evidence of functional improvement. The facet joints at L4-5 and L5-S1 were noted to be unremarkable upon imaging study. Furthermore, California MTUS Guidelines state epidural steroid injections are recommended as an option for radicular pain, with use in conjunction with other rehab efforts. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. The injured worker has been previously treated with epidural steroid injections. However, there was no evidence of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injections. There is also no evidence of neural foraminal narrowing upon imaging study. Based on the clinical information received, the request is non-certified.

**CLEARANCE FROM AN INTERNAL MEDICINE SPECIALIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PSYCHOLOGICAL EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.