

<b>Case Number:</b>	CM14-0007312		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 65 year old female with a reported date of injury on 12/02/2011. The mechanism of injury was a fall with twisting of the injured workers back. The injured worker was shown to have right sacroiliac joint arthropathy and intractable low back. Examination of the lumbar spine on 11/11/2013 revealed decreased lordosis, as well as tenderness to palpation over the paravertebral musculature, lumbosacral junction, and right sacroiliac joint. There was muscle guarding especially with extension, increased axial pain, and right sacroiliac joint pain with extension. Deep tendon reflexes were 2+ in the bilateral knees and bilateral ankles and sensation was intact. The injured worker had moderate facet tenderness from L4 through S1. The provider noted the injured worker had a positive seated straight leg raise on the right at 70 degrees and a positive supine straight leg raise at 60 degrees. The injured worker had a diagnosis of Lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, with two to three millimeter disc bulge/degenerative disc disease/facet osteoarthritis at L2 to S1/mild neuroforaminal stenosis at L5 to S1, per the MRI scan dated 02/05/2010, and right sacroiliac joint sprain. The provider recommended an L4to S1 Rhizotomy and neurolysis. The request for authorization was submitted on 11/22/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L4-S1 RHIZOTOMY AND NEUROLYSIS:** Upheld

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

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

**Decision rationale:** The request for Right L4-S1 Rhizotomy and Neurolysis is not medically necessary. The provider recommended a right L4-S1 rhizotomy and neurolysis due to the fact that the patient had more than "80 % relief after her right sacroiliac joint injection: she is able to perform activities of daily living such as bending with less pain; she has decreased her medication intake; her pain level is rated at 3 to 4 out of 10 after the injection; she has failed conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest and a home exercise program; and she continues to have radicular symptoms." The injured worker underwent a rhizotomy on 07/06/2012 which provided significant relief. ACOEM states 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines further state, treatment requires a diagnosis of facet joint pain using a medial branch block. The guidelines note there should be no evidence of radicular pain, spinal stenosis or previous fusion. The guidelines note a repeat rhizotomy is recommended if the initial is successful as evidenced by relief of symptoms for at least 12 weeks at 50% relief. No more than 2 joint levels should be performed at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The injured worker had radicular pain; the injured worker had a positive straight leg raise on the right while supine and seated. The requesting physician did not provide adequate documentation of significant objective functional improvement with the prior ablation, as well as decreased medication usage. It was unclear how long the injured worker had improvement of symptoms. Therefore the request for Right L4-S1 Rhizotomy and Neurolysis is not medically necessary.