

<b>Case Number:</b>	CM14-0186204		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Orthopedic Surgery and is licensed to practice in Georgia. 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 59-year-old male who reported injuries due to repetitive trauma on 09/20/2011. On 10/02/2014, his diagnoses included cervical disc disease, cervical radiculopathy, status post bilateral cubital tunnel release, bilateral shoulder rotator cuff tear, right medial and lateral epicondylitis, lumbar disc disease, and lumbar facet syndrome. His complaints included lumbar spine pain described as constant and severe, radiating to his mid back. He underwent a bilateral L3-5 medial branch block on 08/23/2014. He reported an approximately 80% improvement for 2 weeks. His pain had returned to the baseline level by 10/02/2014. The treatment plan recommendation was for a bilateral L5-S1 medial branch facet and rhizotomy neurolysis. After the first MBB he was able to bend and stoop with greater ease. He was able to engage in activities of daily living with less pain. He had no radicular symptoms. It was noted that he had exhausted conservative treatment in the form of physical therapy, chiropractic manipulation, medication, rest, and at home exercises. His medications were noted to include Norco 10/325 mg and Naprosyn 550 mg. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Rhizotomy L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The request for lumbar rhizotomy L5-S1 is not medically necessary. The California ACOEM Guidelines note that 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 note that facet joint radiofrequency neurotomy 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. This injured worker did undergo a bilateral L3-5 medial branch block in the past, but the requested rhizotomy is at levels L5-S1. Additionally, the request did not specify whether this was to have been a unilateral or bilateral rhizotomy. The clinical information submitted failed to meet the evidence based guidelines for this procedure. Therefore, this request for lumbar rhizotomy L5-S1 is not medically necessary.

**Norco 10/325 (120 tabs):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 10/325 (120 tabs) is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 (120 tabs) is not medically necessary.