

<b>Case Number:</b>	CM14-0029393		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Medicine and is licensed to practice in New York. 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 has severe back pain. The patient is status post fusion at L4-S1. She had rhizotomy on November 26, 2013 which was reportedly effective it has worn off. The patient has chronic back pain. Physical examination shows no focal neurologic deficits in the lower extremities. There is reduced lumbar range of motion. The patient has a painful range of motion. X-rays lumbar spine show no evidence of instability. There's L4-S1 fusion. The patient is diagnosed with L4-S1 fusion and facet arthrosis at L2-3 and L3-4. The patient has also had bilateral sacroiliac joint arthrodesis. At issue is whether medial branch rhizotomies at L1-L2 and L3 are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Re-do Medial Branch Rhizotomy L1, L2, and L3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back-Facet joint radiofrequency neurotomy. Criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Odg low back chapter.

**Decision rationale:** Specifically, there were no objective physical exam findings that show that the facet joints are pain generators. There is no documentation of tenderness palpation of the facet joints. Therefore redo medial branch rhizotomy at L1, 2 and L3 is medically not medically necessary. Criteria for multilevel lumbar rhizotomy treatment is not medically necessary. In addition criteria indicate that not more than 2 levels of rhizotomy treatment should be performed at one time. The request for a re-do medial branch rhizotomy L1, L2, and L3 is not medically necessary or appropriate.