

<b>Case Number:</b>	CM14-0031199		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/26/1967
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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:

This is an 84-year-old male patient with a 1/26/67 date of injury. A 7/5/13 lumbar MRI demonstrates, a 4-mm disk bulge at L4-5, severe bilateral lateral recess stenosis, moderately severe bilateral foraminal narrowing, and marked degenerative change of the facets; and, at L5-S1, a 3-mm disk bulge with a superimposed 4-mm central protrusion resulting in moderate canal stenosis with moderately severe lateral, lateral recess stenosis and severe bilateral foraminal narrowing with marked degenerative changes of the facets. The patient underwent previous decompression at L4-5. Treatment to date has included medication, activity modification, lumbar epidural steroid injections. A 11/15/13 procedure note indicates injection of steroids and anesthetic to the right L5-S1 facet. A 11/25/14 progress report indicates 100% of right-sided low back pain for about 3 days following the procedure. Physical exam demonstrates tenderness to palpation over the right L5-S1 facet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet rhizotomies at bilateral L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, the Official Disability Guidelines criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, while the patient has obtained transient relief following facet injection at the right L5-S1 facet joints, there is no record of diagnostic medial branch blocks at any of the proposed procedure levels. MRI findings and clinical presentation suggest significant radicular pathology, a contraindication to facet rhizotomies. There is also no evidence of a formal plan of additional evidence-based conservative care. Therefore, the request for is not medically necessary.