

<b>Case Number:</b>	CM14-0060577		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 claimant is a 65 year old female presenting with chronic pain following a work related injury on 10/08/2013. On 4/0/2014, the claimant complained of neck, left worse than right, bilateral shoulder and upper arm left worse than right pain. The physical exam was significant for weakness in the thumb, grasp or strength, which had been chronic, numbness and tingling involving the third, fourth and fifth digits of each hand. The lumbar spine range of motion (ROM) demonstrated on flexion, extension, lateral flexion and rotation were non-restricted. The thoracic spine range of motion demonstrated on flexion, extension, bilateral lateral flexion and bilateral rotation were non-restricted. The cervical spine range of motion demonstrated on extension moderate limitation bilaterally. The shoulder range of motion demonstrated on abduction severe limitation on the left and moderate on the right. The claimant has tried Excedrin, Ibuprofen, Tramadol, Buspar, Symbicort, Hydralazine-HCTZ and Flonase. The X-ray of the cervical spine on 12/20/2013 was significant for multi-level degenerative disc disease and facet arthropathy with central canal and foraminal stenosis at C3-4, C4-5, and C5-6. Rotatory atlantoaxial displacement on the right at C1-C2 measured at ~9mm, most likely representing degenerative instability, multi-level degenerative changes upper thoracic spine with apparent autofusion intervertebral disc spaces at T3-4 and T4-5. The claimant was diagnosed with cervical spondylosis, cervical spinal stenosis, cervicalgia, neuralgia and neuritis and pain in the joint, shoulder region. A claim was made for bilateral L3-4, L4-5 and L5-S1 rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-4 L4-5 & L5-S1 Rhizotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline Low Back (Updated 03/31/14) Official Disability Guideline Pain (updated 03/18/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Treatment Considerations.

**Decision rationale:** Bilateral L3-L4, L4-5 and L5-S1 Rhizotomy is not medically necessary. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is non-radicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. A request was made for three levels when only two levels are certifiable per ODG; therefore, the request is not medically necessary.