

<b>Case Number:</b>	CM14-0192461		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 56-year-old male who reported injury on 06/05/2012. The mechanism of injury was cumulative trauma. The injured worker's history was significant for high blood pressure. Prior therapies included home exercise program, medications, physical therapy, and activity modifications. Other therapies included an epidural steroid injection. The injured worker's medications were noted to include Benicar, meloxicam, multiple vitamins with iron oral liquid, and Omeprazole. The surgical history included a left shoulder arthroscopic surgery on 05/09/2014. The injured worker underwent an MRI of the lumbar spine on 04/03/2013, which revealed, at the level of L4-5, there was severe disc space narrowing and disc desiccation. There was broad bulging noted that was 2 mm to 3 mm centrally, but up to 5 mm to 6 mm in the right lateral aspect and 3 mm to 4 mm in the left lateral aspect. There was facet hypertrophy bilaterally. The AP diameter of the spinal canal remained in the normal range of 11 mm. There was bilateral moderate foraminal stenosis. The injured worker underwent electrodiagnostic studies on 10/17/2013, which revealed abnormal electrodiagnostics compatible with right carpal tunnel syndrome. The office note dated 10/23/2014 revealed the injured worker had continued low back pain. The injured worker was noted to have trialed conservative care for 11 months and had no improvement in left leg sciatica. The injured worker was noted to be a nonsmoker. The physical examination revealed 5/5 strength in the bilateral lower extremities, and the injured worker had an ability to stand on heels and toes. The sensation was grossly intact with the exception of left L5 distribution where it was decreased to pinprick. The request was made for decompression of L4-5 nerve root and spinal segment through a microdecompression and laminotomy and foraminotomy at L4-5 with a rhizotomy at L4-5 facet and 12 visits of physical therapy, as well as a new MRI of the lumbar spine. There was a Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar micro decompression left L4-L5 and foraminotomy, with rhizotomy at L4-L5 facet:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had a failure of conservative care. The injured worker additionally had objective findings upon physical examination. The imaging and electrophysiologic testing failed to provide support for the diagnosis of radiculopathy. The portion of the request for the microdecompression left L4-5 and foraminotomy would not be supported. The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 weeks to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Regarding the performance of a rhizotomy, there was a lack of documentation indicating the injured worker had a set of medial

branch blocks with a response of 70% pain relief and functional improvement. Additionally, there was a lack of documentation indicating a rationale for the rhizotomy. Given the above, the request for Lumbar micro decompression left L4-L5 and foraminotomy, with rhizotomy at L4-L5 facet is not medically necessary.

**Associated surgical service: physical therapy for the lumbar and/or sacral spine, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Pre-operative Testing (Labs, EKG, CXR):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram (ECG); preoperative lab testing; preoperative testing, general

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Pre-operative medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.