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| <b>Case Number:</b>   | CM14-0205290 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 06/28/1991 |
| <b>Decision Date:</b> | 02/09/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2014 |

### 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 Occupational Medicine 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 a 56-year-old female with a 6/28/91 date of injury, when she fell. The patient is status post L4-L5 and L5-S1 lumbar fusion. The patient underwent lumbar rhizotomy in 2010 and reported 80 percent improvement for approximately 2 years. The patient was seen on 11/12/14 with complaints of 6/10 low back pain with aching sensation on the left side. The patient had a second left L5-S1 transforaminal epidural steroid injection, which helped by 50 percent with her pain. Exam findings revealed wide-based gait and difficulties performing heel-toe walk. There was moderate tenderness over the lumbar paraspinals and tenderness over the facets. The SLR test was positive bilaterally and the lumbar range of motion was decreased. The sensation was decreased in the L5 dermatome on the right and L4-L5 dermatomes on the left. A telephone conversation with the prescribing provider placed on 11/21/14 stated that the patient had prior rhizotomy 4 years ago and it was recommended that the diagnosis would be established again with medial branch blocks. The physician agreed to a modified determination. The diagnosis is status post lumbar fusion, lumbar disc disease, and lumbar radiculopathy. Treatment to date: work restrictions, PT, epidural steroid injections, and medications. An adverse determination was received on 11/26/14. The request for Bilateral L4 through S1 Medial Branch Block Rhizotomy and Neurolysis was modified to Bilateral L4 through S1 Medial Branch Block without rhizotomy and neural lysis given that patient had prior rhizotomy 4 years ago and it was recommended that the diagnosis would be established again with medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 through S1 Medial Branch Block Rhizotomy and Neurolysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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 (ODG) RFA Low Back Chapter

**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, 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. Additionally, the Official Disability Guidelines criteria for repeated RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, a telephone conversation with the prescribing provider placed on 11/21/14 stated that the patient had prior rhizotomy 4 years ago and it was recommended that the diagnosis would be established again with medial branch blocks. In addition, it was stated that the requesting physician agreed to a modified determination. Lastly, the UR decision dated 11/25/14 modified the request for bilateral L4 through S1 medial branch block rhizotomy and neurolysis to Bilateral L4 through S1 Medial Branch Block without rhizotomy and neural lysis for the above reason. Therefore, the request for bilateral L4 through S1 medial branch block rhizotomy and neurolysis is not medically necessary.