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| <b>Case Number:</b>   | CM14-0068602 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 08/23/2007 |
| <b>Decision Date:</b> | 01/30/2015   | <b>UR Denial Date:</b>       | 05/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/13/2014 |

### 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 Physical Medicine Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 69 year old male with a work injury dated 8/23/07. The diagnoses include multilevel lumbago with radiculopathy, bilateral; sacroiliac joint and facet joint arthropathy, multilevel cervicalgia with radiculopathy; extensive myofascial syndrome; cervicogenic headaches, reactive sleep disturbance; reactive depression; repeated falls. There is a 7/11/14 primary treating physician progress report that states that the patient's VAS score is 6-7/10. The patient has lumbar and cervical spine issues. In the case of the bilateral facets rhizotomy, at L4-5 and L5-S1, the documenting physician states that his office does not understand why this particular treatment is being evaluated by Utilization Review, There was a recent expedited hearing in front of a Judge and this procedure had been authorized therefore, he requests that the that the adjustor send an immediate authorization to move forward with this procedure. It does appear that the patient's lawyer has gone ahead and requested Independent Medical Review in regards to both of these treatments. This is acceptable in regards to the Percocet; however, the facet rhizotomy needs to be immediately authorized by the adjustor in the case. The patient's physical examination demonstrates sciatic notch tenderness bilaterally. He has exquisite focal tenderness over the sacroiliac joints bilaterally, which remains positive to provocative maneuvers, He has significant focal tenderness over the facets with positive provocation bilaterally, worse on the right side. There are associated paraspinous muscle spasms in the lumbar region, particularly around the facets. There is decreased range of motion in the lumbar and cervical spines. There are deficits to light touch, thermal, and vibratory sensation over the dermatomes L5 and S I in the right lower extremity. There is motor weakness in the left lower extremity in dorsiflexion at 4+/-5. Ankle reflexes are absent, bilaterally. The patient has cervical muscle spasms, along with multiple tender and trigger point areas in his upper trapezius

muscle groups bilaterally. He has radicular pain in the upper and lower extremities. His gait is slow and unsteady. The patient's current functional status has not changed appreciably over the past month. His pain scores have not changed. Percocet 10/325 mg, 1-2 tablets p.o. q3-4h p.r.n. for general pain and breakthrough pain, #180; Tramadol 50 mg, 1-2 tablets p.o. up to t.i.d. for pain; Norco 10/325 mg, 1-2 tablets p.o. q3-4h p.r.n. for general pain and breakthrough pain, #240; Flexeril 10 mg, 1 tablet p.o. up to b.i.d. for spasms and pain, #60; Lunesta 3 mg, 1 tablet p.o. q.h.s. for sleep, #30. As previously noted, this office received a Utilization Review again noncertifying the bilateral facet rhizotomy at L4-5, L5-S1. However, this office has previously been informed that this procedure has been authorized through an expedited hearing. The patient is not working and completely disabled. There is a 1/23/14 PR-2 progress report which states that today in the office the patient's experiencing significant facet-mediated pain. Physical examination today in the office notes significant tenderness over the sacroiliac joints with very positive provocation test. Back in 2012 the patient had both diagnostic sacroiliac joint injections as well as radiofrequency rhizotomy with very good benefit. Following the radiofrequency procedures of the facet joints, the patient noted 60-70%, decreased in facet-mediated pain. Considering his current clinical findings and physical examination, with is past response, this office is requesting to repeat the radiofrequency procedure of the right-sided facets at L4-5, L5-S1 This will be followed on a separate date by the left-sided facets at the same levels. This office will also be appealing the previous noncertification of the lumbar epidural injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral Facet Rhizotomy/Radiofrequency at lumbar 4-5 and lumbar 5 to sacral 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**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) Low back- Facet joint radiofrequency neurotomy.

**Decision rationale:** Bilateral Facet Rhizotomy/Radiofrequency at lumbar 4-5 and lumbar 5 to sacral 1 is not medically necessary per the MTUS and the ODG. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The ODG states that the patient must meet particular criteria for facet joint radiofrequency neurotomy. This includes that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The guidelines state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. The documentation does not indicate exactly how long the patient's prior radiofrequency neurotomy lasted. There

was no evidence documentation of functional improvement or decrease in medications after his prior facet rhizotomy. The request, therefore for bilateral facet rhizotomy/radiofrequency at lumbar 4-5 and lumbar 5 to sacral 1 is not medically necessary.