

<b>Case Number:</b>	CM15-0187648		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Montana, California  
 Certification(s)/Specialty: Neurological Surgery

### 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 59 year old male with an industrial injury date of 01-16-2012. Medical record review indicates he is being treated for right sacroiliac dysfunction, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, lumbar myofascial strain, lumbago and lumbar facet arthropathy. Subjective complaints (08-25-2015) included complaints that his symptoms had increased. He reported "aching and stabbing" pain in the center of his low back rated as 5 out of 10 on the pain scale. He also reported "constant tingling and numbness" in bilateral feet including all digits. The treating physician documented the injured worker was authorized for a median branch block in June 2015 which provided 80% relief for 2 days. The treatment note dated 08-19-2015 documented the injured worker last worked 12-27-2012. Physical exam (08-25-2015) findings included normal gait pattern, tenderness to palpation of right sacroiliac joint, paraspinal lumbar 2-sacral 1 (right) and lumbar spine at lumbar 4-5. Lumbar extension was limited. Facet loading was positive for bilateral lumbar. FABER'S, Gaenslen's, Sacroiliac thigh thrust and Waddell's were negative. His medications included Gabapentin, Naproxen, Norco and Flector patch. Prior medications included Ketoprofen, Norflex and Naproxen. The electro diagnostic report dated 05-15-2014 is documented: (1) Abnormal study (2) The electro diagnostic study reveals evidence of distal symmetric polyneuropathy (3) There is no electro diagnostic evidence of focal nerve entrapment or lumbar radiculopathy. Please note that radiculopathies that are "irritative" or sensory in nature and do not cause significant axonal degeneration, may not be detected by either EMG or nerve conduction studies. Therefore, a "normal" study does not rule out radiculopathy. Prior treatment included surgery, medial branch

block, acupuncture, physical therapy, epidural steroid injection, right sacroiliac joint injection, 17 sessions of acupuncture, 22 sessions of physical rehab, 33 sessions of chiropractic care and 2 sessions of massage therapy and chiropractic treatment. The treatment request is for: Right L5-S1 rhizotomy; Right L4-L5 rhizotomy; Left L5-S1 rhizotomy; Left L4-L5 rhizotomy. On 09-15-2015 the request listed below were denied by utilization review: Right L5-S1 rhizotomy; Right L4-L5 rhizotomy; Left L5-S1 rhizotomy; Left L4-L5 rhizotomy

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

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

**Left L4-L5 rhizotomy:** Upheld

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

**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 Chapter-Facet joint radiofrequency neurotomy (FJRN).

**Decision rationale:** The ODG guidelines note that FJRN is under study. They note the procedure should not occur at an interval less than 6 months. They do not recommend more than two joint levels be performed at one time. This request is for bilateral L4-5 and L5-S1 procedures. The requested treatment: Left L4-L5 rhizotomy is NOT medically necessary and appropriate.

**Right L4-L5 rhizotomy:** Upheld

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

**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 Chapter-Facet joint radiofrequency neurotomy (FJRN).

**Decision rationale:** The ODG guidelines note that FJRN is under study. They note the procedure should not occur at an interval less than 6 months. They do not recommend more than two joint levels be performed at one time. This request is for bilateral L4-5 and L5-S1 procedures. The requested treatment: Right L4-L5 rhizotomy is NOT medically necessary and appropriate.

**Left L5-S1 rhizotomy:** Upheld

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

**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 Chapter-Facet joint radiofrequency neurotomy (FJRN).

**Decision rationale:** The ODG guidelines note that FJRN is under study. They note the procedure should not occur at an interval less than 6 months. They do not recommend more than two joint levels be performed at one time. This request is for bilateral L4-5 and L5-S1 procedures. The requested treatment: Left L5-S1 rhizotomy is NOT medically necessary and appropriate.

**Right L5-S1 rhizotomy:** Upheld

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

**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 Chapter-Facet joint radiofrequency neurotomy (FJRN).

**Decision rationale:** The ODG guidelines note that FJRN is under study. They note the procedure should not occur at an interval less than 6 months. They do not recommend more than two joint levels be performed at one time. This request is for bilateral L4-5 and L5-S1 procedures. The requested treatment: Right L5-S1 rhizotomy is NOT medically necessary and appropriate.