

<b>Case Number:</b>	CM15-0020160		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old female who reported an injury on 01/24/2010 due to an unspecified mechanism of injury. On 12/30/2014, she presented for lumbar medial branch blocks at the right L3, right L4, and right L5 with fluoroscopic guidance. It was noted that she tolerated the procedure well and was asked to walk about the room. She was observed and discharged in stable condition with post procedure instructions. No recent clinical documentation was submitted regarding her response to the injections. The treatment plan for a right lumbar rhizotomy at the L3, L4, and L5. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar Rhizotomy L3,L4, L5:** Upheld

**Claims Administrator 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)[http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm).

**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, Facet Joint Radiofrequency ablation.

**Decision rationale:** The Official Disability Guidelines recommend facet joint rhizotomies after there has been a satisfactory response to a medial branch block at the diagnosed levels and only when there are signs and symptoms consistent with facet joint pain. The documentation provided does show that the injured worker had undergone medial branch blocks at the L3, L4, and L5 levels. However, documentation following the medial branch blocks describing her response to the injections in terms of a quantitative decrease in pain or an objective improvement in function was not provided for review. Without documentation showing that she had an appropriate response to the right lumbar medial branch blocks, the request for a rhizotomy would not be supported. Also, recent documentation regarding physical examination findings showing symptoms consistent with facet joint pain were not provided for review. Additionally, guidelines state that the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. In this procedure note, it was indicated that the injured worker received IV sedation, although, the specific medication and volume was not documented, nor is there any documentation of the injured worker having anxiety. Without knowledge of the specific medication and volume used for IV sedation, this would be grounds to negate the results. Therefore, the request is not supported. As such, the request is not medically necessary.